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MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

A. H. OHMANN-DUMESNIL, A.M., M.D.,

EDITOR.

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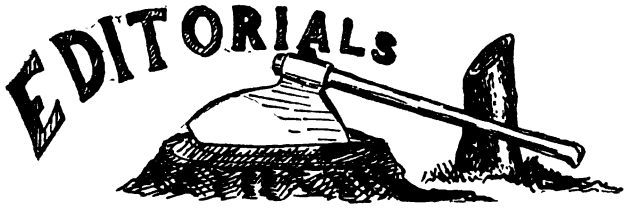

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All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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The "Review" for 1892.

We are certainly sure that all those who have had an opportunity of reading the REVIEW for the past four issues will have noticed a foreshadowing of the policy which is to govern it during this year. If they have read the leading editorials they will have seen that in this number we have followed the course which was proposed. In the first place we present to our readers a condensation of all that is valuable in medicine and surgery so far as it is presented in contemporaneous literature, and in addition it is of a character which we believe will prove of practical value to our readers. In addition to this, interesting medical items, valuable correspondence, and useful formulæ are presented besides much other matter that will invite attention and interest.

While not desiring to act as the "organ" of any medical society it does not mean that we will eschew all such associations. On the contrary, the aim is to present in a condensed form, all that which is worthy of being permanently recorded. No one has either the inclination or time to wade through mountains of chaff in the search for the few kernels which might, perchance, be there. This is the task which we have set before us, and every society both at home and abroad will be laid under contribution to the furtherance of this object.

The REVIEW will not be made subservient to the animosity or flattery of any one, it will not be an instrument for the purpose of praising or condemning any individual; in fact, as we have stated on a former occasion, personal journalism will find no favor with us, as we deem it uninteresting to the great mass of readers, whose interests we are seeking to serve.

A notable feature and one to which we desire to call attention is the appearance of the REVIEW. The publishers have gone to considerable expense to provide a new dress of type, and to do all in their power to make a journal presenting a handsome typographical appearance. That they have succeeded is plainly evidenced in this, the initial number, in which this change occurs. For the convenience of our readers and in order to avoid eye-strain on their part, a bold and legible type has been adopted for the titles of articles. At a moment's glance the subject of an article or item may be seen, and it also proves a great help in referring back to some former number.

A few more words in regard to the future. All pretensions, quackery, and assumption will be frowned down upon, and our efforts shall always be directed to secure the best and most reliable medical news for our readers. We shall endeavor to do justice to all and we propose to "hew to the line let the chips fall where they may." We are not catering to a few, to any clique, or to any institution, be it society, college or business house. We are here to please the busy doctor, to be useful to him, to become a necessity in his professional career and, with that end in view, we propose to do all we can in its furtherance.

We expect much criticism from different quarters. We cannot afford the space to answer such. The only criticisms which can engage our attention will be those emanating from our readers; for, coming from them we are enabled to learn how to come in touch with them more closely, and thus serve their interests more thoroughly and in a better way.

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We hope that all will enjoy a happy and prosperous New Year, and that we may be able to add somewhat

to relieve the tedium of each practitioner's busy life, besides proving of some usefulness such that they will continue to look forward to the REVIEW.

Anonymous Communications, as a rule, are not worth the paper on which they are written. De spite the fact that we have a standing notice, at the head of this department, to the effect that such will not be considered, they occasionally will find their way to us, and thence to the waste-basket. Some persons labor under the delusion that they can safely write scurrilous matter, when they lack the courage and manhood to append their names to such, and they still further deceive themselves by supposing that the editors of medical journals are idiotic enough to publish such matter. They seem to forget that the editorial end of a medical journal is supposed to be amenable to the ordinary laws of common sense. Another thing which seems to be forgotten is that a journal is not a vehicle for the washing of the dirty linen of those who have real or fancied grievances of a personal nature. While always glad to receive correspondence of a useful kind, and limited in quantity, we do not desire or invite personal attacks, as it is both useless and uninteresting. In addition to this no anonymous communication will be considered under any circumstance.

Two Types of Physicians are depicted in the *Sunday Mirror*, which goes on to say that there are doctors and doctors. One physician will enter the sick room wearing a countenance of such serious aspect as to fill the mind of the patient with dread foreboding of his condition. Not a cheerful word will he permit to escape his lips, not a ray of hope will he throw out for his patient to clutch at. All solemnity, all dignity, all science, but not a particle of humanity. Under such a man's treatment restoration to health must be slow and methodical, or not at all. Not only must the patient wrestle with the fever that is consuming him, but with the everlasting gloom and awe which his physician dispenses in such exasperating quantities. But take another example. Take the doctor who comes in smiling and with a cheery "Good morning." He has a bright morsel of gossip and before you are aware of it you are enjoying the joke and forgetting half your aches and pains. Your faith has been stimulated and you can look at your condition from a more hopeful standpoint. The room is not as cheerless as it was before your visitor entered it and spattered the walls with sunshine and sifted bits of good humor all around. The medicine prescribed by that physician goes right to the spot in a bee line. There is no half-way, scientific, red-tape about it. It grapples with the fever, downs it and puts you on your feet without any delay. Yes, there are doctors and doctors.

A Fraudulent Canvasser and Swindler.—A swindler (*N. Y. Med. Rec*) is travelling in the West who represents himself as agent of the St. Louis Library Association, and obtains subscriptions for leading periodicals at reduced rates. Of course, all he receives is clear profit, as no magazines are forthcoming. He is particularly attentive to physicians, hosts of whom are complaining of the swindle. He is described as having reddish hair, is 5 feet 8 inches tall, is æt. about 35, weighs about 160 pounds, and is a glib talker. He gives all sorts of receipts, and mystifies by his apparent care in his attention to details.

[When last heard from this man was in the vicinity of Fayetteville, Ark., where he pretended to solicit subscriptions for prominent medical periodicals and the St. Louis dailies. He should have an airing and be passed around.]

The above is clipped from the St. Louis *Republic* of Nov. 17, 1891.

The following is from the *Post-Dispatch* of Dec. 11, 1891.

TEXAS DOCTOR'S SUSPICIONS.

Dr. L. L. Doane of 213 Main street, Dallas, Texas, in a letter to Chief Harrigan received this morning, says he thinks a swindler is "working" the people of Dallas and surrounding towns on a base scheme. He gave his name as Charles A. Hollie and said he was traveling for the St. Louis Library Association. He called on the physicians and secured from them money for subscriptions to medical journals and books claiming he was authorized to take subscriptions for almost every medical work. He gave as reference, the First National Bank, and the Broaday National Bank of St. Louis. He interested quite a number of physicians in his books, pamphlet and library scheme, and it is said reaped a golden harvest. Dr. Doane said he wrote to the Broadway National Bank of St. Louis to learn why the books he brought were not forthcoming and he received no reply.

Another physician, he said, wrote to the First National Bank, St. Louis, and the letter was returned. Dr. Doane asks Chief Harrigan to look into the matter and tell him who Mr. Hollie is or if there is such an institution as the St. Louis Library Association.

Desiring to protect the doctors against this swindler Hollie, as early as August 22, last the REVIEW published a description of him, and offered a reward of $25.00 for information that would lead to his capture; at the same time we called upon all other medical journals and newspapers thus fraudulently represented by this fellow Hollie, to second our efforts which had they done so a fund sufficiently large could have been raised that would have certainly effected his capture. We have heard of his swindles all over northern Illinois, Wisconsin, Michigan, Kentucky, Arkansas and lastly in Texas. He is probably now in some of the Southern States and we urge our readers to keep a sharp look-out for him. The REVIEW has at all times from four to six reputable physicians travelling in its interest each one of whom is fully equipped with written credentials from us. They will consider it as a favor if physicians will ask to see these before paying any money.

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Anatomical Nomenclature.—This is a subject which is at present agitating the more advanced anatomists. Dr. Burt G. Wilder has recently written an article in the *Medical News* on this subject. He devotes considerable space to Leidy's method which is to use but one name for an organ or part and choose that which is the simplest, avoiding as much as possible those characterized by the name of a person. In concluding his article the author says that whatever principles or set of names we may adopt, there is a point of *practice*, respecting which the precept and example of Dr. Leidy are surely worthy of universal acceptance and imitation, viz., to use *only one name for an organ or part*, all others being synonyms. Even the accomplished anatomist is apt to be delayed by encountering two, three, or more names for one and the same part in different passages of the same book or article, while to the beginner it is simply bewildering. As long ago as 1885 Dr. Leidy had prepared lists of the names he thought of using in the new edition of his *Anatomy*, and the changes in detail did not prevent the maintenance of a terminological consistency which was nearly without precedent.

Ameba Dysentery.—The following record of a post-mortem examination made by Dr. Eug. Wasdin (*Med. News*) may throw some light on this affection: The diseased process commenced at the cecum, which was much inflamed, with hemorrhagic patches throughout its mucosa, besides a number of shallow ulcerations, also a number of round openings or holes, as if made with a punch, leading beneath the mucosa into exten sive undermined areas. These were intercommunicating, and at times led into shallow ulcers. The mucosa covering such areas was in many places necrotic, and its debris was noted in some ulcers. Evidently the condition of round openings into the undermined areas was common to all the processes, and the ulcers had resulted from the necrosis of the mucosa above them. These round openings were quite small—about eight or ten millimeters in diameter. The open ulcers showed the muscular coat eroded and necrotic. The ascending colon was in the same condition; in the transverse, descending, and sigmoid colon there was more marked disease of the mucosa; the ulcers were more common, the round openings less so; the entire mucosa not necrotic was edematous, and this edema extended to muscularis and serosa, which, though "juicy," were at no point penetrated. The mucosa presented a very similar likeness to the appearances seen in chronic cystic colitis, but incision through the edematous portions showed no dilated gland cysts. The contents of the colon were a slimy, yellowish fluid, in which were found numerous amebæ perfectly quiet, to which heating, with sterilized water, failed to restore motion. It would seem, then, that this condition of the mucosa is peculiar to amebic colitis, as has been advocated by Councilman. In no other case had he found just this type of undermined ulceration.

Unusual Case of Congenital Malformation.—Mr. Arthur Mason describes the following unusual case in the *Lancet*: When born the child's genitals and abdomen presented the following appearances: The abdominal wall was absent over a circular area about two and a half inches in diameter, extending from just above the symphysis pubis upward. In the center of this area the umbilical cord was attached by an expansion. It had numerous large veins coursing over its surface, and presented a yellowish, translucent, semigelatinous appearance, not unlike the cord itself. Below the symphysis pubis were the two labia majora, widely separated by a tense swelling the size of a walnut, which appeared to be prolapsed bowel. It presented a bright-red mucous surface, which bled slightly on handling, and became more tense when the child cried or strained. From the center of the swelling sprang a small projection, with its apex pointing upward, in size and appearance suggesting a penis denuded of cutis, and having at the extremity a small opening, which admitted a probe about a quarter of an inch. There was no anus visible, but feces escaped from a slit-like opening in the lower margin of the tumor, and slightly behind it was a dimple in the skin, occupying the normal position of the anus. The vaginal opening was to the right of the tumor, enclosed by the labia minora; and the meatus urinarius was placed anterior to, and slightly to the inner side of, the vaginal opening, entirely concealed by a fold of the prolapsed gut. Perfect control was exhibited over both sphincters. In other respects the child appeared to be healthy and well-formed. The child was fed on milk and barley water, and after about six weeks the opening in the abdominal wall was closed by granulation, leaving a small flat cicatrix the size of a threepenny piece. The child survived two months, succumbing to an attack of diarrhea. It was much emaciated at the time of its death.

Necropsy—On opening the abdominal wall the cavity of the pelvis was found to be occupied entirely by coils of intestine. The bowel bifurcated at the sigmoid flexure into two portions, one of which, bound down tightly by the meso rectum, terminated in the slit like opening before mentioned; the other, which was about two inches in length, floated freely in the pelvic cavity, and ended in a cul-de sac, which was pervious up to its extremity, and communicated at its upper end with the continuation of the bowel. In the right iliac fossa was the bladder (which received the right ureter only) the uterus and the right ovary and its appendages. The left ovary and appendages were attached loosely by connective tissue along the left brim of the pelvis and had

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no connection whatever with the uterus. The left kidney was rudimentary, of the size of the haricot bean, but exhibiting renal structure on section; and the left ureter terminated in a small, solid, oval body, the size of a pea, which appeared when divided to consist of gland tissue; it was attached to the left uterine appendages. The right kidney was hypertrophied. At her previous confinement the mother gave birth to a still-born male child to all appearances normal.

A Second Attack of Varicella After an Interval of Ten Days.—Dr. Richard Neale writes to the *Lancet* that the recurrence of an attack of varicella is so unusual that its possibility has by some authors been entirely denied. Thomas states that the disease is never followed at once by a complete attack, while Trousseau is almost the only authority who has seen second attacks of chicken-pox. The following case will prove that it may happen, although undoubtedly very rare.

In the month of October he attended a family of children for chicken-pox, one of whom, a boy, æt. 5½, had all the symptoms of the complaint, numerous vesicles and considerable drowsiness, the attack running its usual course. Ten days after the disappearance of the acute symptoms, and when on the point of being allowed out, a profuse crop of vesicles appeared, which were far more numerous than on the first occasion, and the child again went through all the stages or the original attack, the constitutional disturbance being but slight.

Bullet Wound in the Skull.—Dr. E. H. Bradford says in the *Boston Med. and Surg. Jour.*: An unusual course of a bullet is illustrated by the following case: The patient was a man, æt. 22, who entered the hospital Jan. 17, 1890, with a small pistol-shot wound in the right fronto-parietal region. There was a slight amount of swelling of three quarters of an inch in front of the punctured wound. The pistol had been discharged with suicidal intent; the hair was singed. On probing the wound, the opening into the skull could not be found, and the bone only was touched. The patient was conscious, and all motions were good; but the right pupil appeared to dilate more rapidly than the left. The pulse was ninety, and there was no shock. The patient had some headache, but otherwise was in good condition. Two days after entrance the patient was etherized, and a curved incision was made over the wound and the flap reflected. A small fragment of a bullet was found under the skin, corresponding to the swelling that was felt; and a fragment of the outer table, of the size of a five-cent piece was removed, with the bullet-hole in the center. Under this was found, lying in the fragment of the inner table, a mis-shaped bullet, which was lying with the butt-end close to the dura. The bullet had struck the skull, had fractured the outer table, had fractured the inner table, and penetrated the inner table. It had turned a half revolution, so that its butt end lay on the dura. The bullet was removed, and a complete perforation of the bone down to the dura discovered, but without wound of the dura. The patient made a rapid recovery.

The case illustrates the lack of reliability of the probe as a means of exploration, without preliminary trephining, as the position was not discovered until after dissection of the flap of the skin covering the wound. It also shows the remarkable fact that a pistol of good size, placed against the parietal region, may penetrate the skull without penetrating the dura, and leaving the bullet in contact with the dura with—what is still more remarkable—a complete revolution of the bullet in nearly its own axis from the point of impact to the point of rest.

Uremic Eruption of the Skin.—At a late meeting of the London Clinical Society, Dr. Le Cronier Lancaster read the notes of eight cases of this character. The eruption, which occurred principally in cases of chronic interstitial nephritis, first appeared as macules and papules of a bright red color upon the exterior surfaces of the hands, forearm and legs, and then rapidly spread over the whole body. In a few days one of three changes occurred in the rash. 1. It gradually subsided with extremely free desquamation, leaving the underlying skin brawny and thickened. 2. It became eczematous, with free exudation of a gummy fluid, which dried and formed scabs and crusts. 3. In the severer cases pustulation, or even the formation of small abscesses followed the eczematous stage. Severe itching usually accompanied all stages of the rash. The eruption was generally of grave prognostic significance; in seven out of eight cases it was followed by death in a few weeks after its first outbreak. In considering the etiology of the eruption, its analogy with skin rashes due to pyemia, ptomaines, and drugs was pointed out, and the suggestion made that the uremic eruption was a trophoneurosis, due to the presence of one or more toxic principles circulating in the blood, which the diseased kidneys had failed to excrete.

Death from Chloroform.—The comparative rarity of deaths from chloroform, when we take into consideration the number of times that this anesthetic is administered, renders the recital of each case interesting. Mr. Orby R. M. Wood gives the following particulars of a death which occurred in the East Suffolk Hospital, Ipswich (*Brit. Med. Jour.*): D. T., a mariner, æt. 36, was admitted on November 11. He was a strong, robust man. He had a lipoma over the left iliac crest, which was causing him a good deal of pain and discomfort. It was represented to him that it would do him no harm, but he wished to have it removed. On November 20, having been prepared, he walked down to the theatre, and Mr. Wood preceeded to give him chloroform. He had a good, full, regular pulse. He administered the chloroform by holding the corner of a towel over the mouth and nose, and dropping the chlo-

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roform at intervals from a drop-bottle. At first the towel was held some little distance from the face, but it gradually lowered. He struggled a great deal; at the first sign of the relaxation the towel was removed, and from that time he had no more chloroform. The patient was then turned on his right side. He was still breathing well. Mr. Brogden was just going to commence to operate when the breathing suddenly ceased. The tongue was well forward at the time; it was pulled forward further with forceps, and artificial respiration at once started. Mr. Brogden still felt the pulse a short time after respiration had ceased. Artificial respiration was continued for nearly an hour, and nitrite of amyl, subcutaneous injections of ether, and the battery were all resorted to without any response. At the post-mortem examination on Nov. 22 all the organs were found healthy. Since the patient's death it had been ascertained that he had previously had chloroform and stood it badly, and that he had been for some time dreading this operation. The chloroform used was prepared by Duncan and Flockhart from absolute alcohol. About two drachms were used, and the patient took about seven minutes in going under. It should be mentioned that the pupils were semi-contracted the whole time.

Treatment of Gonorrheal Rheumatism.—This *crux medicorum* is the subject of discussion by Barnard E. Brokhurst (*Med. News*). His suggestions appear reasonable at first glance, and are as follows: When pain is felt and swelling appears, the affected joints should be wrapped in lint, covered with mercurial ointment, and they should be bandaged as firmly as can easily be borne, and the patient should be brought rapidly under the influence of mercury, preferably by inunction, with which treatment pain and swelling quickly disappear, and the joints resume their normal condition. At this stage passive motion should be instituted to ascertain that the motion of any affected joint is free, for lymph will have been deposited on the synovial membranes, through which adhesions form that prevent motion. These bands soon become firm, and resist any attempt that a patient himself can make to move the joint. These constitute false ankylosis. The mercurial treatment to which I have referred, if resorted to at the onset of the inflammatory stage, never fails; swelling subsides as the mercury takes effect.

Hysteria in the New-Born and Children under Two Years.—Dr. Ed. Chaumier recently made a communication upon this subject to the Academie de Medicine. He states that hysteria has passed unperceived in the new-born, because it was regarded as eclampsia. The highest form of hysteria in the new-born consists of sudden fits of anger, which are repeated without any apparent cause, and shown by cries. When more marked, the child stiffens its limbs more or less; thd face becomes turgid and livid, more rarely pale. Trembling is sometimes an accompaniment. Some children will roll on the floor or in bed, making large movements of the arms or legs, without entirely losing consciousness. When the attack is more severe, the child suddencly ceases to cry and becomes unconscious. The body is rigid and the mouth wide open. At other times there is no contracture.

Hysterical children may have the attacks whilst coughing whether this occurs in whooping cough, bronchitis, or a simple cold; in such cases they should not be mistaken for the manifestations of croup.

The so-called grand attacks also occurs and should not be taken for meningitis. Infantile hysteria should be carefully distinguished from epilepsy, acute and chronic meningitis, the athrepsic encephalopathy of the new-born, adenoid tumors of the pharynx, etc. The prognosis is not alarming. Recent studies of the condition have proven that infantile hysteria is much more easily cured than hysteria in the adult. Everything tends to prove that the earlier treatment is begun the easier it is to relieve the patient.

Antidiaphoretics.—1. Camphoric acid has been used by Dr. Combemale (*Jour de Med.*, March 1, 1891), as a diaphoric, and has been found to diminish, almost with certainty, the exaggerated functional action of the sweat-glands, having not the great disadvantage of causing phenomena of delirium, nor like agaric, does it produce free purgation.

2. Agaricinic acid is recommended by Prof. Combemale, of Lille, France (*Gazzetta degli Ospitali*, No. 51, 1891, *Cin. Lancet-Clinic*, Aug. 29, 1891), as a remedy having a decided action in phthisical patients upon the exhausting sweats. It is also efficacious in the sweats of other intoxications and infections.

3. Hydrastis canadensis has been found by Dr. Cruse (*Allg. Med. Zeit.*, 1891, Cin. *Lancet Clinic*, Aug. 15, 1891) an efficient remedy in night sweats. He tried the remedy in a case with hemoptysis, and noticed that the night-sweats did not come on as usual. He gave thirty minims of the fluid extract, and always with complete success; and, what is more, the sweats kept off after the hydrastis had been omitted for three weeks. He met with similar good results in a number of other cases.

4. Ergotine is praised by Da Costa in doses of 0.10 (1½ grs.) three times daily.

5. Homatropine gromohydrate is used by Frommueller subcutaneously, .005—.003 at a dose.

6. Physostigmine is recommended in pill form .006 (1-10 gr.) per dose of the extract. Eserine, hydrobromate, sulphate and salicylate are also employed, .001 (1 64 gr.) three to four times during the night.

7. Picrotoxine has been used successfully by Caldwell, Senator and Westbrook, .0012–.003 (1-40 gr.) subcutaneously.

8. Tincture of belladonna is also employed externally, 4 gm. (1 ʒ) of the tincture to 30 grm. (1 ʒ) of water (Radakow, *Deutsche Med. Zeitung*).

9. Chloral hydrate is spoken highly of by Nicolai. Eight grams (2ʒ) of chloral hydrate dissolved in two

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glasses of water, and equal parts of this solution and brandy may be sponged onto the body.

10. Sulfonal is regarded by Dr. Cantee (*Gazetta degli Ospitali*, No. 54, 1891) as superior to camphoric acid or the tellurate of sodium in the night-sweats of phthisical patients. It does, however, not yield constant results.—*Med. and Surg. Reporter.*

Boro-Borax.—This new boric preparation, according to the report of Mr. Raymond made before the Societe de Therapeutique, was discovered by Jænicke, and is very useful in surgical practice. It is a compound formed by mixing equal parts of borax and boric acid in boiling water. It is neutral in reaction, and forms high crystals. In ordinary water, 16% dissolves; in lukewarm water, 30%, and in boiling water 70%. Saturated solutions are useful in ear diseases. The saturated solution in cold water contains four times as much of the active substance as ordinary borated solutions, and is proportionately more valuable as an antiseptic.

Congenital Heart Disease.—Dr. William Travis Howard, Jr., of Baltimore, presented a specimen to the American Pediatric Society (*N. Y. Med. Jour.*). The child had been three months and six days old. On the second day after birth, during an operation, without an anesthetic, for imperforate rectum, cyanosis had been first observed. The post-mortem had showed complete atresia of the pulmonary orifice with patency but not dilatation of the ductus arteriosus, and patency of the Eustachian valve, without imperfection of the ventricular septum. In all probability the disease had been a congenital malformation, and as such it was especially interesting in being associated with congenital imperforate rectum, as well as thickening and retraction of the aortic valves. There had been no evidence at all of antenatal or postnatal endocarditis, and this case must then be classed with the great majority of cases of pulmonary-artery atresia as due to a developmental error.

Massage in Impacted Gall-Stones.—Dr. Wylie calls attention to the value of digital manipulation in the extrusion of gall-stones, having in two cases pursued this plan with entire success. His first case was that of a healthy woman, æt. 45, who was seized with violent pain in the region of the gall-bladder, felt sick and vomited. A few days after she suffered from dull aching pain in the epigastrium, with tenderness on pressure over the gall bladder, and had deep jaundiced skin and eyes, with violent itching of the skin. She remained in this state for over five months, losing flesh and strength. Finding medicine ineffectual, Dr. Wylie had recourse to gentle digital massage of the fundus of the gall-bladder. He could feel that he had pressed out its contents; and within 24 hours found a stone about the size of a hazelnut in the motions. In the next four days he continued the digital manipulations for 10 or 15 minutes at a time. Tho patient rapidly improved, and in a few months was quite well.—*Practitioner.*

Effects of Tubercle Bacillus.—In a study of experimental pneumonitis in the rabbit induced by the intratracheal injection of dead tubercle bacilli, Dr. T. Mitchell Prudden states (*N. Y. Med. Jour.*) that our knowledge of the effects of the tubercle bacillus in the body is now sufficiently advanced for us to make at least a conjectural analysis of its action:

1. So far as the primary morphological lesion is concerned, we may conjecture that the cell growth which is characteristic of miliary tubercle and diffuse tubercle tissue may be due to the action of the protein of the bodies of the germs set free as they degenerate in contact with living cells; and that this production of new tissue may not be intrinsically of such practical significance as has been hitherto supposed; or, if significant, it may be so as a conservative and not as a harmful process.

2. It would seem from his experiment that the cheesy degeneration which is so constant an accompaniment of tubercular lesions may be due to some metabolic product of the growth of the tubercle bacillus wholly distinct from the cell-stimulating bacterio-protein.

3. There still remains the possibility, most evident on clinical grounds, that beyond the factor which causes the tissue cells to grow, and beyond the factor which induces necrosis, there may be yet a third agency of toxic nature to which many of the graver systemic effects of tubercular infection are due.

This mere suggestion of an analysis of the action of the tubercle bacillus in the body is made in conclusion here only in a tentative way, with a view of affording a perhaps only temporary guiding thought in our future study of this most important disease and our future attempts to stay its ravages.

Ocular Symptoms in the Mongolian Type of Idiocy.—Dr. Charles A. Oliver has made a clinical study of this question and his conclusions are as follows (*Univ. Med. Mag.*):

1. In the so-called Mongolian type of idiocy, the malpositions, irregularity of contour, and inequality in comparative size of the bony orbits, with the obliquity of the attached ligamental and tarsal tissues, giving the palpebral fissures their peculiarity of direction, the lids their shortness, and the eyes their apparent relative faulty situations, are merely the rough ocular expressions of the result of the osseous and ligamental malformations so characteristic of the disorder; in fact, it is these conditions which have, more than any other, contributed to the naming of the type.

2. In the so-called Mongolian type of idiocy, the ocular bulb, in nearly every instance, presents peculiarities of structural change characterized by the appearances of the result of low and chronic forms of neuro-retinitis and choroiditis, indicative of local inflammation

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of these parts, both before and after birth of the individual.

3. In the so-called Mongolian type of idiocy, the substance of the intra ocular ending of the optic nerve and the circumjacent retinal and choroidal membranes, seem, in those instances where there are no marked evidences of coarse intraocular change, to share in the soft, jelly-like edema so universally recognized in the external portions of the organ.

4. In the so-called Mongolian type of idiocy, the mucous lining of the ocular appendages and of the anterior part of the globe, in every instance, exhibits the many gross pathological peculiarities seen in the chronic and constantly provoked inflammation of other similar surfaces found throughout the same subject, and which in the great majority of cases leads to lethal result.

5. In the so-called Mongolian type of idiocy, the peculiar vascular changes are not only discoverable—even ophthalmoscopically—in the vessels of the retina, where the visible portions of the walls appear thin and so peculiarly tinted, and the sequelæ of fine capillary and even larger hemorrhagic extravasation into the retinal substance, with probable evidence of graver complications, are most common, but, as almost universally seen in identical imperfections and disease of intracranial vessel structure, serve, with the general clinical features of imperfect circulation, to show, both objectively and subjectively, the prominent characteristic lesion, and probably etiological condition of the disorder, imperfect development with consequent disease of the entire vascular system.

Fuchsine in Chronic Kidney Disease.—As it may not be generally known that this remedy is used internally we reproduce the following from *Notes on New Remedies*:

Fuchsine is one of the newer remedies used in cases of chronic kidney diseases, and some cases of albuminuria have been arrested by it. Some of the authorities admit of the administration of the article contaminated, as it is likely to be, with arsenic. The latest works, however, especially call attention to the fact that it should be purified and entirely free from arsenic when used as an internal remedy. It is given in doses of from ½ to 4 grains daily with some vegetable extract. Given internally it colors the urine and saliva yellow, and also most of the other fluids of the body, since the vision is effected.

Tumor of Inguinal Canal.—Dr. I. H. Cameron recently reported to the Toronto Medical Society a case seen in the practice of Dr. G. H. Carveth (*Canadian Practitioner*). The patient was a shoemaker, æt. 40, and in good health. About September 8 a painful lump appeared in the right groin, which disappeared suddenly and with a gurgle. A few nights after it returned. The swelling was tender and irreducible. It was elastic, tense, and scarcely translucent. On percussion, the note was found dull throughout the whole tumor. The testicle was found below and behind. A hypodermic needle was introduced and straw-colored fluid withdrawn. The escape of this fluid did not reduce the tumor in the inguinal canal. The needle was then introduced into the tumor, but no fluid could be obtained. The tumor was then cut down upon, the sac opened, when the contents were found to be a hernia of the cecum. The omentum and the appendices epiploicæ were adherent to each other. The hernia was no doubt congenital. There was even then found difficulty in returning the hernia on account of the thickening of the walls of the cecum, and on account of the fat attached to it. More room was obtained by nicking the sac, and the hernia was returned. The interesting part of the case was the difficulty of diagnosis.

New Method of Blood-Transfusion.—A new method is mentioned in the *Brit. Med. Jour.* by Dr. A. E. Wright who states that the discovery by Arthus and Pages of the possibility of keeping the blood permanently liquid by precipitating the lime salts in it in the form of insoluble oxalates has opened a way for improving the methods of transfusion as at present practised. The demerits of the method in use can be very easily summarised. The injection of defibrinated blood is a dangerous method, since intravascular coagulations have been often observed to follow it. On the other hand, the method of arm to arm transfusion is one of extreme difficulty, and requires, if it is to be successful, the careful preparation of somewhat complicated apparatus. The merits of the decalcified blood of Arthus and Pages for purposes of transfusion, on the other hand, appear to be perfectly unique, as such blood is, as far as can be discovered, perfectly normal blood, except for the fact that it no longer contains any lime in a form available for the formation of fibrin, and the further fact that it has undergone a very trifling dilution (not more than one-tenth of its volume). It is therefore not a disintegrated blood like defibrinated blood, and, on the other hand, it will not unless we intend it to clot, and unless we, for that purpose, restore to it the lime salts which have been removed from it by receiving it into a solution of a soluble oxalate. The experiments made upon animals appear to have been very successful.

Dwarfs.—Sir George Humphry states (*Brit. Med. Jour.*) that there exist very essential differences between true and rickety dwarfs.

It would seem that dwarfs, occurring among people of ordinary stature, are quite exceptional varieties, and that even if continued by inheritance, which does not seem hitherto to have taken place, they would, like other varieties occurring in a like manner, soon fade out under the species preserving influences of the laws of propagation. Yet, when found as a racial feature, dwarfism appears to be propagated indefinitely. Witness the pigmy tribes in Africa, who have had a height of about 4 feet and well formed, and seem to have had

the persistency to maintain their characters for unknown generations and the ability to defend themselves against, and be a source of terror to, the surrounding tribes. By what process such a race originated may be a fertile subject for speculation. When broken in upon, and broken up, by the advancing and levelling tide of human curiosity and commercial tendency they will, doubtless, like other so-called inferior races, disappear and leave little mark behind.

In contrasting the rickety dwarfs with the true dwarfs, it must be added that the moral, and perhaps the intellectual, balance appears, on the whole, not to be in favor of the former. Possibly the consciousness of disadvantage resulting from deficiency of stature or from deformity, or the indulgences accorded to such sufferers in childhood, may operate prejudicially upon the moral character, or there may be a closer relation between the development of the intellectual, the moral, and the physical than we are in the habit of recognising.

Gallacetophenon.—Pyrogallol, or pyrogallic acid, much used in the treatment of psoriasis, having been found to produce grave disturbances (sometimes mortal) with great ease, dermatologists have of late largely renounced its employment (*Med. and Surg. Rep.*). These facts led Nencki to experimentation with pyrogallol, and he found that by replacement of the three hydroxyl molecules with methylketon he obtained a comparatively harmless compound, to which he has given the name gallacetophenon. It is obtained as a yellow powder, soluble in hot water, alcohol, ether, and glycerin. It is sparingly soluble in cold water, but its solubility is greatly increased in the presence of sodium acetate. The following is recommended as a formula for a hot solution, which does not deposit on cooling:

℞ Gallacetophenon, - - - 4 parts.
Sodium acetate, - - - 10 "
Hot water, - - - 100 "

This substance, according to Von Ino and others, has greater efficacy in psoriasis and other parasitic skin diseases than pyrogallol, and does not have any of the inconveniences of the latter, not even staining the clothing of the patient.

Deformities from Infantile Spinal and Cerebral Spastic Paralyses.—In a paper devoted to this subject (*Med. News*) Dr. De Forrest Willard concludes:

1. The deformities of infantile paralysis can be prevented by apparatus, but if this has been neglected and distortion has occurred, secure the best possible limb by immediate surgical procedures, and in some way make the patient walk.

2. Apparently hopelessly distorted cases can be put upon their feet. Even great deformity of limbs resulting from infantile spinal paralysis should not deter us from the attempt to straighten the limb and give the individual the power of locomotion.

3. Atrophied limbs can be straightened and can then be incorporated as a part of the locomotive apparatus.

4. Exercise is capable of developing even badly shrunken limbs, and continuous improvement may be expected.

5. In the majority of cases, easier, quicker, and better rectification is secured by surgical than by mechanical measures. In order to avoid pain and save time, immediate rectification, if possible, should be the rule.

6. After straightening, mechanical appliances in the shape of apparatus, canes, crutches wheeled crutches, etc., are usually required and should be employed.

7. Tenotomy and myotomy do not cure the disease in either form of paralysis, but the results are most helpful in promoting the health and happiness of the individual.

8. Wheeled crutches are very helpful in getting these helpless individuals upon their feet. These supports can be made of inexpensive material and on a simple plan.

9. In spastic cases relapse is much more common than in infantile paralysis, but the great benefit to the body and mind of the individual that is secured by locomotion amply repays for the attempt at rectification.

The Value of Mechanical Treatment in Old and Neglected Cases of Potts' Disease.—H. Ling Taylor (*Med. News*) distinguishes between the treatment of the deformity and of the disease. He emphasizes the value of maintaining mechanical support long after constitutional symptoms have subsided. The basis of this opinion rests upon the difficulty of determining when complete ossification of the pathological process has occurred, and the "liability to relapse from accident or other causes after long periods of immunity. It explains, too, the benefit to be obtained in certain cases from mechanically relieving the patient of the effort of self-support, even when there is little or no sign of disease." The objects named are to be supported by a special brace which figures in the illustration.

Massage in Painful Flat-Foot.—Douglas Graham says: I can testify to the value of massage in painful flat-foot, having used it in the case of a stout, elderly lady, the arch of whose foot had been gradually sinking so that when she came under my care, she was at the same time, by the advice of an orthopedic surgeon, having a metallic support made to hold up the arch. The beneficial effects of massage and resistive movements were speedily apparent, and the result was that the support was never worn at all, as she has got along very comfortably with her usual shoes ever since, now 15 years, altogether.

The observations of Landerer, of Leipzig (*Berliner Klin. Woch.*), go to show that the muscular system is necessary for the preservation of the bodily form. He believes the normal activity and tension of the muscles to be the great cause of preventing alteration of muscular structures. Bandages alone, without the aid of the

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muscles, cannot prevent deformity. In flat-foot he seeks to strengthen by means of massage all those muscles which are concerned in the support and preservation of the arch of the foot. In accordance with this view, he has treated the muscles alone in eight cases of painful flat-foot with excellent results. In some of these the form of the foot changed, the arch resembling its natural shape.

Puncture in Chronic Hydrocephalus.—Professor Unverricht reported at a recent session of the Dorpat medical faculty four cases of chronic hydrocephalus, which he had treated by puncture, and one of which he presented before the faculty (*Lancet*). The patient was a boy, two and a half years old, who at the age of ten days had been affected with convulsions, and at three months and a half presented a considerable enlargement of the skull. The boy was afterward affected with strabismus, nystagmus, and general paralysis, and advanced so slowly in intellect that he was a year and a half old before he could say "papa" and "mamma." In this state he was admitted to the clinic, and puncture of the hydrocephalic head was performed at once; 75 cubic centimeters of a clear transparent fluid, having a specific gravity of 1006.5, were obtained from the puncture. There was no reaction, and considerable improvement, both physical and intellectual, followed in time. Professor Unverricht himself is so satisfied with the result of the treatment that he is encouraged to repeat it and to recommend its general adoption.

Necessity of Treating Syphilis.—There still exists a certain number of physicians who contend that syphilis is a self-limited disease and requires no treatment. Fournier has examined this matter and has gathered some statistics which completely oppose this way of seeing. He states, in the *Jour. de Med.*, that in 61 cases, left without any treatment, tubercular syphilides were observed in more than one-third of the cases; some even had bone and brain lesions. Such an enormous proportion is never seen in cases which are treated. Besides this, the absence of treatment exposes the patients to the further danger of transmitting the disease to their children. In 200 cases of cerebral syphilis Fournier investigated the characteristics of the secondary period. In 71 cases it was practically benign. This is a point to remember that a benign syphilide is no guarantee that the later effects may not have a malignant character and lead to serious lesions.

Salophen.—Dr. P. Guttmann reported to the *Berl. Med. Gesell.* (*Deut. Med. Woch.*) that he had found salophen of the greatest value in acute articular rheumatism, although not indicated in the chronic form. It is to be given in doses of one to one and a half drachms per day. The pains disappear in 24 hours and keep on diminishing, the swelling of the affected joints also disappearing. The remedy has a certain antipyretic action in addition to its anti-rheumatic effects. Salophen is a crystalline substance, insoluble in water but easily soluble in alcohol or ether. It has neither taste nor smell and contains 51% of salicylic acid which is freed when taken internally, the decomposition being effected by the alkalies.

Etiology of Paresis.—In a statistical note of 234 cases of paresis with special reference to its etiology Dr. H. M. Bannister states (*Jour. Nerv. and Ment. Dis.*) that while this is a small number upon which to base any positive generalizations, it may nevertheless be stated that they indicate to a certain extent that:

1. While it often does occur in those hereditarily predisposed to neurotic or mental disorder, general paralysis is more than most other forms of insanity an acquired disease, not dependent on hereditary neurotic taint.

2. That while it may be ascribed to various exciting causes, such an mental strain, worry, ill health, or overwork, it is found, when all the facts can be ascertained, to have as an antecedent, syphilis, in a great majority of cases.

3. In a small number of cases in which there is found to be no positive syphilitic history, it is possible that no such taint has preceded the disease and that its symptoms can be produced in non-syphilitic individuals. These cases, considering the great predominance of specific antecedents, may, reversing the former usage, be properly called cases of pseudo-general paresis.

4. Intemperance, while a frequent antecedent of paresis, is not by any means a universal or essential one.

Artificial Eyes.—It is commonly advised that artificial eyes should not be prescribad until three or more months after enucleation have passed. This period is a sore one for most patients, the appearance of the empty socket or the "black blinder" being equally unpleasant both to the patient and to his friends. Relying on the well-known tolerance of the orbit for foreign bodies. Dr. George M. Gould (*Med. News*), in three instances advised the insertion of the shell within a week—once on the fifth day and twice on the sixth. In another case it was put in on the tenth day. All wore the artificial eyes from the first, not only with no inconvenience or bad results, but with entire satisfaction and comfort.

Bradycardia in Acute Rheumatism.—Bradycardia, or abnormal infrequency of the pulsations of the heart is a rare symptom, during the course of acute articular rheumatism. Dr. I. E. Atkinson says (*Va. Med. Mo.*):

1. Bradycardia is observed rarely during the active stage of acute inflammatory rheumatism. It occurs with greater frequency during convalescence from this disease.

2. When it occurs during convalescence, in most cases, probably, it is identical with bradycardia following acute febrile diseases of widely different nature, and

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directly the result of the febrile action itself upon the innervation or musculature of the heart.

3. When it occurs during the active stage of rheumatic fever, it probably depends upon endocarditis, or pericarditis, or myocarditis (primary or secondary, by extension), whereby the inhibitory nerves of the heart are implicated, and consequently stimulated. Even where the physical signs of cardiac inflammation are absent, bradycardia occurring during the acute stage of rheumatism, may be secondary to undetected myocarditis stimulating the vagus nerve.

4. It is possible, but exceedingly improbable, that this symptom may follow the action of the rheumatic noxa upon the cardiac muscle or nervous system directly.

Hydrotherapy in Nervous Diseases.--Dr. Dana (*Dietitic Gaz.*) offers these suggestions upon the therapeutic application of hydrotherapy in various diseases:

Special Treatment.—A few illustrations of the special forms of treatment may be given here.

In neurasthenia, wet-packs and half-baths, followed by shower, jet or plunge, are often prescribed. In weak, sensitive and anemic women, I prescribe first dry hot-packs for a week, then wet packs, and finally the drip-sheet or cool shower.

In epilepsy dry and wet packs may be given, but the best method for a fairly robust person is that originally described by Fleury. This consists in giving simultaneously the rain shower and the jet. The patient standing in the shower receives a jet of water on the posterior surface of the body for fifteen seconds, then the jet alone on the anterior surface of the body for thirty seconds.

In hysteria the rain shower and the jet are usually most efficacious.

In locomotor ataxia lukewarm baths with pine needle extract or half-baths with effusions are indicated.

Hot sand or water bags are sometimes applied conrinously to the spine for one or two hours, with the purpose of increasing the temperature and circulatory activity of the cord.

In peripheral pains from neuritis or neuralgia, the continous application of ice-bags is often efficacious.

The Couch.—A room without a couch of some sort is only half furnished. Life is full of ups and downs, and all that saves the sanity of the mentally jaded and physically exhausted fortune fighter is the periodical good cry, and the momentary loss of consciousness on the upstairs lounge, or the old sofa in the sitting-room.

There are times when so many of the things that distract us could be straightened out, and the way made clear, if one only had a long comfortable couch, on whose soft bosom he could throw himself, boots and brains, stretch his weary frame, unmindful of tidies and tapestry, close his tired eyes, relax the tension of his muscles, and give his harassed mind a chance. Ten minutes of this soothing narcotic, when the head throbs, the soul yearns for endless, dreamless, eternal rest, would make the vision clear, the nerves steady, the heart light, and the star of hope shine again.

There isn't a doubt that the longing to die is mistaken for the need of a nap. Instead of the immortality of the soul, business men and working women want regular and systematic doses of dozing—and after a mossy bank in the shade of an old oak, that succeeding Junes have converted into a tenement of song birds, there is nothing that can approach a big sofa, or a low, long couch placed in a corner, where tired nature can turn her face to the wall and sleep and doze away the gloom.—*Ex.*

Diphtheria.—Dr. S. W. Abbott, of the State Board of Health of Massachusetts, considering the subject of diphtheria and its distribution in Massachusetts formulates these conclusions:

1. That diphtheria is an eminently contagious disease.

2. That it is infectious, not only by direct exposure of the sick to the well, but also through indirect media, such as clothing, and other articles that have come in contact with the sick.

3. That the certainty of infection is not so great as in the case of some of the other infectious diseases, notably smallpox and scarlet fever.

4. That overcrowding, faulty ventilation, and filthy condition of tenements favor its spread.

5. That the influence of defective plumbing is not proven.

6. That its transmission through public and private water supplies is not proven.

7. That its propagation is favored by soil-moisture, damp cellars, and general dampness of houses.

8. That the poison may remain dormant in homes for a long period.—*Bost. Med. and Surg. Jour.*

To Prevent After-Pains.—Dr. J. B. Bennett gives the following method in Daniel's *Texas Medical Journal*, claiming that it is reliable and efficient:

After the third stage of labor is over, introduce two or three fingers into the vagina, and gently manipulate the vaginal portion of the uterus in a way to secure, as nearly as possible, the closure of the gaping cervix and os; employing the other hand over the hypogastrium, merely to steady the organ. The manipulation necessary to effect this object is not painful; it consists in merely sweeping the fingers around the vaginal portion two or three times, at the same time alternately pressing the parts hard enough to touch the portion already contracted; this at once stimulates a further contraction of the organ, and the firmness in the uterine wall will be noticed to take place at, and originate from, the already hardened portion and extend outward toward the rim.

After a brief manipulation as described, it will be found that the uterus, instead of being globular in shape, as before, has assumed an oblong, or pear-shape; in other words, a cervix has been formed, and the process of involution has been advanced some two or three

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days. The sensation to the touch in examination after this operation is about like that imparted if examined in two or three days after delivery ordinarily.

Gonorrhea in Women.—The more exact studies of the present have expanded very greatly our knowledge of gonorrhea in women (*Med. and Surg. Rep.*). It is but a little while since this disease in women was considered as trivial; as being only a vulvo-vaginitis which would recover even without treatment in six weeks; and as meriting attention, not so much because of the evil it might do the woman, as because of the possibility of the disease being conveyed to men. Enlarged experience has shown this conception of the affection to be not only inadequate, but even partly erroneous. The error is with reference to the usual seat, which has been shown to be the cervix uteri and not the vagina. It is now well established also, that far from the disease terminating spontaneously it tends to persist in a chronic form for a very long time—almost indefinitely. The disease tends to invade the entire genital tract. Not only the vulvo-vaginal glands, but the endometrium, tubes, ovaries and the peritoneum—even distant organs and tissues as the knee or ligaments of the spine may be affected. Thus, incurable or even fatal conditions may and frequently do arise from this disease heretofore considered so trivial; not to consider the extension of the disease to the urinary organs, where it may produce the same serious conditions which it does in men.

Vesical Paralysis Preceding Acute Myelitis in a Child.—Implication of the bladder as a concurrent incident in affections of the spinal cord and its membranes, even though the center for the bladder reflex is not involved, is not new. That, however, the "scene opens" with such a symptom, is a comparatively rare fact. Such a case is reported by J. Ehrenhaus and C. Posner (*Deut. Med. Wochen.*). The case is doubly interesting because such an early involvement of that viscus is the usual precurser for a severe attack of myelitis, whilst the author's case pursued an unusually mild form in a brief period.

Hydrastinin.—The effect of hydrastin upon the heart as demonstrated by Falk in numerous experiments upon animals, has to a certain extent militated against its use in practice, though the parent drug has been used with signal benefit in the form of the fluid extract. This fact led to the oxidation of hydrastis in presence of narcotin from which the base hydrastinin has been derived, is not a cardiac poison; it raises blood pressure, by contracting the blood vessels, and not by stimulating the vaso-motor center. This effect ensues with more energy and more evenly than with hydrastin, and is very pronounced upon the abdominal organs. The entrance of blood into the kidney is curtailed to such an extent that the secretion of urine is materially reduced, even suppressed. Twenty times as large a quantity is required as hydrastin to produce a poisonous effect.

Dr. Paul Strassman, of Giessen (*Deut. Med. Woch.*), records his experience with this product. Gelatin pearls, containing 0.025 gr., for internal use, and a sterilized subcutaneous injection of 0.05 or 0.1 gr. of the muriate were used.

Marked results were achieved in twenty-seven gynecological cases, which included menorrhagias, and hemorrhage in consequence of endometritis, parametritis, subserous fibroids of nervous origin; metrorrhagias from hydro-salpinx, tuberculous salpingitis, perimetritis, enlarged ovaries, subinvolution and myomata.

Epilation in Skin Diseases.—The subject of epilation in cutaneous affections is one which has partisans on the one hand and bitter opponents on the other. Opinions are divided upon the value of this dermato-therapeutic measure. We have employed epilation with success, but have also obtained rapid recoveries without resorting to the measure. Dr. Josef Zeisler looks upon it with much favor and states among other things (*Jour. of Cut. and Genito Urin. Dis.*) that the advantages gained by methodical epilation consist in the removal of the several parasitic elements which may be imbedded in the hair shaft; second, in laying open the hair follicles, which then permit of a deeper reaching effect of any parasiticidal agent that may have to be used; next, in removing the hair, we do away with a source of irritation for the surrounding tissues; this is especially the case when the diameter of the hair is comparatively large, or, where, as is often observed, several hairs are implanted very closely in the form of a tuft. Finally, we may remove, as a preventive measure, hair that is as yet unaffected, to save it from impending destruction by peripheral extension of a disease. These indications give to epilation a pretty wide range of diseases. The cutaneous troubles in which it is most frequently indicated are sycosis and the vegetable parasitic affections.

The Danger in Eustachian Bougies.—Dr. H. V. Wurdemann publishes a series of cases derived from his own practice and from published records, showing a possible danger which may arise from the use of Eustachian bougies even in the hands of acknowledged experts (*Ophthalmic Record*). This danger is a serious one, as it consists of acute suppuration in the middle ear, and facial paralysis.

Labyrinthine Hemorrhages Due to Anemia.—Simple anemia, as is well known, is very apt to be the cause of various symptoms which seem to be entirely unconnected with this general condition. T. Habermann reports a case (*Annales des Mal. de l' Oreille*) in which simple anemia produced hemorrhages of the labyrinth. The case was seen four years after the beginning of the disease. The patient, a girl of 20, had gastric, intestinal and retinal hemorrhages four years pre-

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viously. At the same time she became deaf, had felt buzzing and, at times, vertigo. Later, the amnesia disappeared under the action of the ferruginous water of Franzensbad, in Bohemia, the visual acuteness became normal, and there remained but a slight degree of deafness. The author thinks that, all facts being taken into consideration, it is most probable that there was labyrinthine hemorrhage.

The Etiology of Chancroid.—Dr. R. W. Taylor of New York (*Med. News*), contributes an interesting paper with citation of cases to prove that: What we call chancroid is the product of many varieties of pus derived from non-syphilitic and syphilitic subjects. It is, therefore, a hybrid, heterogeneous lesion, in all cases a septic ulcer, and in many instances simply an active form of wound-infection. This septic ulcer in some cases originates *de novo* from the contact of pyogenic microbes with a raw surface, herpetic or eczematous excoriation, a chafe, etc., sexual contact, then, having nothing to do with its development. As a general rule, this local infective process is more active in syphilitic than in non-syphilitic subjects. It follows, therefore, that so long as pyogenic microbes and tissue predisposition exist, chancroids will be found upon the mucous membranes and integuments of the human race.

Remote Results of Removal of the Tubes and Ovaries.—Wharton Sinkler, M.D., of Philadelphia (*Univ. Med. Mag.*), contributes an interesting paper from the standpoint of the neurologist, from which is gleaned that the results are either unsatisfactory or valueless, unless pathological conditions of those organs coexisted with those symptoms which indicated the operation.

Dr. Charles C. Lee, Consulting Surgeon N. Y. State Woman's Hospital, writing in the same journal, arrives at similar conclusions.

Antidote to Phosphorus. — Prof. Arpad Bokai recommends a $^1/_6$–$^1/_2$ per cent solution of hypermanganate of potassium. The chemical reaction in the presence of phosphorus is stated as follows: By oxidation orthophosphoric acid is yielded, which splits up into hyperoxyd of manganese and hydroid of potassium. Some slight differences are noted when reactions take place in the stomach. These facts and the results of administration were tested in experiments made upon animals.

Fatal Electrical Currents.—Prof. Elihu Thomson finds in his experiments on the physiological effects of alternate currents that the danger of the current diminishes as the number of alternations per second is increased. Thus it took twenty times as strong a current to kill a dog when the alternations were 4,500 per second than when they were 120 per second. When the alternations were 300 per second, the current was only half as dangerous to life as when the alternations were 120.

From Buffalo, New York.

Buffalo has two medical colleges, the University of Buffalo, established forty six years ago, and the medical department of Niagara University, under Roman Catholic patronage, founded eight years ago. The former has an attendance of about 200, the latter about 60. These colleges depend for clinical material on the General and the Sisters' Hospital, respectively. Besides its own ambulance service, each hospital depends on a down-town ambulance hospital, the General Hospital on the Fitch Accident Hospital, the Sisters, in the Emergency. The Niagara College has a dispensary in its building; the Buffalo school is in the Fitch block. There is also an Eye, Ear and Throat Infirmary.

The Erie County Medical Society performs simply routine gork. The Buffalo Medical and Surgical Association meets monthy at the Hotel Iroquois, with an average attendance of about 30. It is an "all-round" society, representing all ages, both medical faculties, the surgeon and the physician, the pathologist and the clinician, in about equal proportions; the Pathological Society and the recently organized Clinical Society meeting respectively in the Buffalo and the Niagara College buildings; the Obstetrical Society, the Medical Club—which last is largely a social organization—and other clubs represent special phases of medical activity. Most of the prominent and progressive men of the profession will be seen at the meetings of all of these societies.

At the last meeting of the Clinical Society, Dr. Jewett read a paper on the treatment of typhoid fever, which is somewhat endemic in Buffalo. In discussing it, Dr. Charles G. Stockton emphasized the treatment by tepid immersion, stating that the best results attained in the General Hospital had been in a series of twenty-two patients thus treated, two of whom died. The Sisters' Hospital has a lower death-rate, but on account of its distance from the heart of the city, fewer desperate cases are taken to it.

The suit of Dr. Rachell Kemball *vs.* Dr. Charles Cary, Professor of Materia Medica and Therapeutics in the University of Buffalo, ended December 21, in a disagreement of the jury. In August, 1888, the plaintiff was struck by a bicycle, sustaining an injury to the right hip. She has since walked mainly with the help of a crutch, claiming that the neck of the femur is fractured, and charging Dr. Cary with malpractice. Prof. Roswell Park swore that he had attended her four days and had carefully examined the hip twice without finding any sign of fracture, before he met Dr. Cary at the

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plaintiff's house, and that he believed Dr. Cary had not attended the patient before that time. Prof. Stockton corroborated this evidence. The plaintiff was sent to the insane asylum by Drs. Park and Cary, on account of marked maniacal symptoms. After her discharge in about two weeks, Dr. Cary attended her. The defense adopted and supported by the testimony of Dr. Park and Dr. Tremaine (U. S. A. surgeon, retired), the theory that the present condition of the hip was probably one of chronic arthritis. The prosecution brought forward other testimony to prove that there was an ununited fracture. Many physicians and students attended the trial. From a medical standpoint the evidence was in favor of the defendant. The plaintiff has indulged in considerable litigation with reference to her injury, having in 1888 sued a bicyclist, who proved an alibi, and having recently begun suit against Dr. Park for false committment to the asylum.

From Springfield, Illinois.

A CASE OF ACUTE TUBERCULOSIS.—DEATH IN FIVE WEEKS AND THREE DAYS AFTER COMMENCEMENT.

Mrs. E. L., æt. 33, a strong, healthy woman of 150 pounds, of good family history, with no consumptive diathesis, and who had never had any severe illness, complained on September 4, 1888, of pain between the shoulders, headache and nausea of two or three days' duration. When first seen respiration was 18, lungs nil, abdomen nil, bowels regular, pulse 90, temperature 100°. Low diet was ordered, and a mixture of bismuth given. She remained much in the same condition until September 7, when her tongue was heavily coated; some tenderness in cecal region; temperature reached 103°.

September 14 the following note was made: Tongue cleaner, pain in abdomen less, bowels acted, temperature 102.4°; no physical signs in lungs, wandering at night. Ordered bismuth, opium and camph. mixture, and pil. quinine sulph.

After September 17, temperature was taken night and morning; no change was observed until September 29, when the following notes were made:

Respiration 30, pulse 100. There are crepitations and bronchophony over the right chest, especially toward the apex; there is pain in the abdomen, which is more tumid; pain in legs; tongue furred and covered with mucus.

September 30, tongue much furred; great depression; bowels loose, light in color; ordered stimulants, sp. ammon. aromat., and sp. uberis, brandy and milk.

October 3, respiration 44; pulse 108, feeble. Pulv. opii gr. ½, pulv. digitalis gr. ½, and pulv. quinine grs. ij; given in form of pill

October 5, there was dulness at right apex with moist sounds all over right chest. Crepitations (moist) heard over left chest; there was, however no dulness; rapid development of bad symptoms were noted daily, and on October 10, result of examination was as follows:

Chest.—Dulness at both apices, plus right; moist crepitations heard over both chests; from this she rapidly grew worse, and on October 12, diarrhea; death followed.

Necropsy.—The visceral pleuræ were rough and covered with shot-like deposits of tubercle, especially right.

On section there was no breaking down of lung tissue, but lungs were edematous and studded with tubercle. There were also many tubercular ulcers in cecum.

Remarks.—This case is recorded, not only to show how rapidly fatal acute tuberculosis may be, but to show how closely it resembled typhoid, even in temperature prior to development of physical signs in lungs; also to show how rapidly these signs spread when once apparent. S.

A Voice From the West.

In a letter received by us Dr. V. B. Boal, of Auburn, Neb., says:

"Your editorial in the December number has the *right ring* and if you mean what you say I will go you one more year. If you drop back into the old groove please count me out. I think that I voice the sentiment of a large per cent of your subscribers."

[Our subscribers will see that we have inaugurated the change which was announced and we propose to make articles more and more practical as we go along.]

An Unfounded Charge.—An excellent illustration of the annoyances to which Irish dispensary doctors are subject, and of the utter recklessness with which charges of neglect are brought against them by unworthy recipients of public charity, is afforded by an inquiry which was held at Belfast on December 3, by the Castlereagh Dispensary Committee (*Brit. Med. Jour.*). Dr. Clibborn, the Local Government Board Medical Inspector, was present and took part in the proceedings. A complaint had been made against Dr. Croker, medical officer of No. 1 District Dispensary, by a man named Proctor, of having disregarded a "line" marked "urgent" which was alleged to have been left at the doctor's house on the morning of October 18, asking him to visit Mrs. Proctor, who was stated to be lying ill with her collar-bone, arm and leg fractured. Proctor complained that Dr. Croker did not attend, and the patient had to be removed to the infirmary in the evening. Dr. Croker explained that the "line" did not reach him till the afternoon, when he at once visited the woman whom he found with all her bones unbroken. The woman herself on being called before the Committee, stated that she had no complaint to make, and the husband's evidence as to the time when he delivered the "line" was disproved by Dr. Croker's servant. The Committee unanimously decided that no charge had been proved against Dr. Croker.

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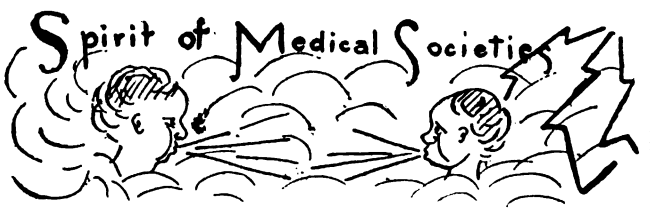

Albumosuria.—Dr. Lee Dickinson and Dr. W. K. Fyffe read a paper before the Clinical Society of London (*Lancet*) on some cases of albumosuria. An account was supplied of twenty cases of pneumonia and allied conditions in which the urine contained albumose. It was probable that what in the earlier papers on "peptonuria" was called peptone, would at the present day be called albumose. In no case was true peptone found; but wherever a biuret reaction was obtained, this was found to be due to albumose, which might be percipitated by ammonium sulphate. This point was important, because many albumoses were highly poisonous, and the ordinary albumoses of peptic digestion had a much more powerful action than true peptones when injected into the blood of animals. The method employed was to remove from the urine such proteid as was coagulable by heat, and then to treat with nitric acid and the biuret test. The latter was applied by means of a 20% solution of caustic potash or soda containing a little sulphate of copper; upon the surface of this dense solution the urine was floated, and in those where a positive result was obtained a pink color appeared at the junction of the two fluids. The albumoses met with were proto- and deutero-albumose, sometimes in large quantity—more than 1 % at a time when the urine was more abundant than natural. Judging from the results of experiments upon animals it seemed possible that diarrhea, from which many of the patients suffered, might have been due to the passage of albumose through the blood. The most noteworthy points brought out by a review of the cases were their high mortality and the serious sequelæ apart from the development of empyema. It was probable that, *cœteris paribus*, albumosuria was a favorable sign in severe pneumonia, etc., for in some most virulent and fatal cases, with extensive hepatization of lung, this sign was absent throughout. The origin of the albumose was pus, or at least inflammatory exudation, especially that of pneumonia; and probably the substance was formed by the pyogenic micro-organisms.

Paralysis of the Face.—Dr. T. Stacey Wilson showed to the Midland Medical Society (*Lancet*) a young woman with paralysis of the right side of the face, together with distinct affection of the sensory part of the fifth nerve. There was numbness of the face extending to the middle line and just on to the neck, also loss of common sensibility of the right half of the tongue and mucous membrane of the cheek, and marked diminution in the sensibility of the conjunctiva. There was no tenderness of the nerves at their points of exit. The various sensory branches of the fifth nerve were all affected to an equal extent, and the motor ones scarcely at all. The attack occurred simultaneously in the seventh and fifth nerves, and, in spite of the absence of other paralysis, it seemed necessary to locate the lesion in the cerebral meninges. The other points of interest in the case were that the palate moved perfectly, and that the uvula could be completely retracted without the least sign of paralysis. The hearing was distinctly impaired on the affected side. Taste on the anterior part of the tongue was lost, thus supporting the theory that the taste fibers of the chorda tympani come direct from the brain rather than through Jacobson's nerve, unless indeed the affection of the fifth be accountable for this loss. There was less trophic disturbance of the conjunctiva than is often seen in uncomplicated Bell's paralysis.

Unilateral Sweating of Face.—Dr. Cotman showed to the members of the Hunterian Society (*Lancet*) a case of blushing and profuse sweating of the right side of the face, produced by mastication of the food, and the following parotid suppuration. This was stated to be the first case recorded in England, but cases had been described by Bernard in 1848, and Rouger, in 1860, both following parotid suppuration, and both writers assuming that the liquid exuding from the cheek was saliva. Maschede in 1868, and Oliver in 1874, recorded cases of unilateral sweating of the face from other causes, as did Drs. Anderson, S. West, and Hadden, in the *Lancet* in 1888—the latter a case associated with hemiatrophy of the face and of one vocal cord. The present case was that of a lad, æt. 17, who six years ago had severe deep-seated suppurative inflammation of the right parotid gland. The abscess was opened in two places. The scars now remained and were tender. Some weeks after healing, sweating of the right side of the face was noticed whenever he ate, and this had occurred ever since. Any food produced it, especially tasty food, a sour apple most of all; chewing cork or india rubber had no effect, nor had galvanism of the tongue. A blush appeared in fifteen seconds after chewing the apple; in ten seconds more sweat appeared, and in twenty more it ran down in drops. The fluid had an acid reaction and contained chlorides. There was no loss of taste on either side of the tongue. Dr. Cotman's hypothesis of the cause was that in the disorganization resulting from the parotid suppuration some of the fibers of the facial and auriculo-temporal nerves (the latter nerve supplied the part affected by sweating) had communicated. This being so, when food was taken and the usual stimulus through the glosso-pharyngeal nerve reached the facial, it was conveyed in part along its normal route to the salivary glands and in part to the auriculo-temporal nerve, and so to the cutaneous glands.

Lesions of Recurrent Laryngeal.—At the sitting of the Reale Accademia di Medicina at Turin,

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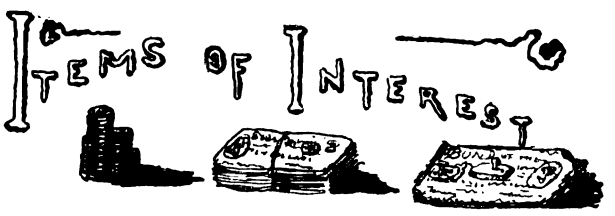
on November 20, Dr. Ignazio Dionisio, director of the Department of Diseases of the Nose and Throat in the Policlinico of that city, communicated some interesting results of experiments made by himself on dogs (*Lancet*) with a view to establish whether the median position of the vocal cord, which is observed in partial lesions of the recurrent nerve, is due to spasm of the abductors or to a paralysis of the abductor. Measuring the force which the vocal cord displays in adduction in normal conditions, during expiation and when the recurrent nerve is compressed, he noted in this second case diminution of the force of adduction. He concluded in favor of the theory which admits the greater vulnerability of the abductor fibers in lesions of the recurrent laryngeal nerve.

Treatment of Hemato-Chyluria.—At a recent meeting of the Havana Clinical Society a paper was read by Dr. Delfin on the Treatment of Hematochyluria by bichromate of potash (*Lancet*). One patient contracted the disease in 1888, and when seen in December, 1890, was much emaciated, and was still passing bloody urine; no filariæ were found. He was ordered a 2% solution of bichromate of potash, of which he was to take a teaspoonful once a day. The affection entirely disappeared, and the patient regained his ordinary condition. A second patient was similarly treated and recovered. A third patient, a lady, was found suffering from frequent attacks of vertigo, great debility and considerable hematuria. After the first dose of bichromate of potash the urine became quite clear, and merely contained a few red corpuscles. There was no return. In a fourth case the disease had existed ten months, and there was considerable emaciation and pallor and a small pulse. Two or three liters of hemato-chyluric urine were passed daily, and there were frequent attacks of vertigo. Here also the treatment proved successful. Dr. Delfin believes the success of his treatment is due to the action of the bichromate of potash on the blood and its red corpuscles. He also thinks that the drug is a poison to the filaria. In the course of the discussion which followed the paper, Dr. Tamayo mentioned a case where bichromate of potash had cured hemato-chyluria of three years' standing, and Dr. Saladrigas referred to some cases where this condition, occurring in the course of tuberculosis, had been cured by the use of tannin. Although the dose employed by Dr. Delfin was exceedingly small, he assured the members present that still smaller quantities could be recognized by their presence in the urine.

The Doctor's Weekly is the latest in the field. It is owned and edited by Dr. Ferdinand King who severed his connection with the *International Journal of Surgery* with the December issue of that journal. We have been promised that this weekly will be good and we hope that all the best hopes of the "new departure" will be fully realized.



Dr. Adolphus Green, a well known St. Louis physician, died on December 22, last.

"Big G," for gonorrhea is a fluid mixture of boracic acid and hydrastis.—*The Medical Standard.*

A New Edition of the Portuguese *Pharmacopeia*, is said, by the *Correio Medico*, to be "in contemplation."

Advices from Cairo state that owing to the retirement of Dr. Greene Pasha, from ill health, the post of chief of the Sanitary Department has become vacant.

Oleo-resin of Male Fern is best exhibited in combination with potassium bromide to ensure the expulsion of the tapeworm. The object is to reduce peristaltic action.

An Imposter in Russia, who is of probably Italian origin, dies apparently and then returns to life claiming that he has been in the spirit during the interval. He is being investigated.

Dr. Koch has recently announced that the addition of sixty per cent alcohol to tuberculin causes a deposit of its active principle. The therapeutic effect of the precipitate is identical with that of the original preparation.

A Bright Genius rescued from the fell grasp of the plow and commissioned to do medical, surgical and obstetrical murder by Buchanan, says an exchange, has reported that he "succeeded in introducing a cathedral and drawing off the water."

Dr. J. B. Johnson, of St. Louis, suffered quite a loss on December 26, last. It appears that a thief effected an entrance in the residence of the Doctor and succeeded in stealing a casket of jewels, the loss amounting to several thousand dollars.

A Meeting of Representatives from the various regular medical colleges of Ohio was called by C. A. L. Reed, M.D., of Cincinnati, to meet at Columbus, December 3, to prepare a plan of action to secure some kind of legislation this Winter that will tend to drive quacks from the State. We have not yet heard as to what course was recommended to be pursued in the campaign, but we hope that some effective means will be found to extirpate the charlatans.

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Football Casualties are so numerous in England that the *London Lancet* has established a regular list of these accidents. Were the facilities as good in this country for gathering such statistics no doubt we would not lag behind in the number of these casualties.

The *Country Doctor* has suddenly contracted in size. Beginning with Vol. III. it has assumed a duodecimo size in lieu of the very large octavo which it was. We do not quite grasp the advantages of this innovation, although there must be some reason for this move.

A New Laboratory in Paris.—A laboratory is being built for Professor Chauveau in the Paris Museum of Natural History, from designs prepared by himself. The laboratory, which when completed will be the finest in France, is to be used only for original research in physiology and bacteriology.

Harry Moore, *alias* Dr. Vint, etc., charged at Wolverhampton with unlawfully using pretended hypnotism and mesmerism to deceive and impose, was, according to reports in the daily press, fined £5 and costs, thd total fines and costs in this and other charges amounting to upwards of £25.

Quackery in Georgia.—The *Georgia Eclectic Medical Journal* says: We need a new medical law in Georgia. Physicians of all schools should work together to weed out the hundreds of imposters now infesting our State. Read the newspapers of this State, and you will see at a glance that quackery is rampant in Georgia.

The Midwife, Mme. Thomas, who has practiced abortion for several years at Batignolles, has been condemned to twelve years' imprisonment with hard labor; her ex-partner, Abelard Floury, who afterward became a professional rival, has been sentenced to ten years' imprisonment. The women who were incriminated were sentenced to two years' imprisonment.

The St. Louis Medical Society at its regular annual meeting held December 26, 1891, elected the following officers to serve during 1892: President, Walter Coles; Vice-President, Walter B. Dorsett; Treasurer, Garland Hurt; Secretary, T. O. Guhman; Corresponding Secretary, W. J. Langan. Drs. Hurt and Guhman were re-elected to the positions they had filled the year previously.

Hypnotism Abroad.—The Belgian Chamber of Deputies has passed a Bill for the prohibition of public performances of hypnotism. On the other hand, during a recent debate in the Austrian Chamber of Deputies, Herr Schlesinger delivered an extraordinary harangue on the value of hypnotism and the duty of the State to make its benefits accessible to the whole populatien. He made a violent attack on the universities for their neglect of hypnotism, saying that this indifference was nothing less than a "crime," to which countless poor sufferers, whose lives might have been saved by the proper application of hypnotism, had fallen victims. He argued that the Legislature had a right to insist that the universities should change their attitude with regard to hypnotism and should do all in their power to encourage the study of the subject, and make it practically useful to mankind.

The Death of Dr. Standiford, of Chicago, from the effects of alcohol and opium, and the committing to jail for drunkenness of the Secretary of the Bichloride of Gold Club in a Western town, coming so closely after the death of Col. Mines, gives rise to the suspicion that the Keeley cure is as fallible as other human inventions, says the *Western Medical Reporter.* Meantime Dr. Keeley's receipts are $3,000.00 a day and the curing goes merrily on, and will probably go on as long as the fool-killer takes a vacation.

A New Scheme.—Baron Wrewski, it appears, is looked upon as either a knave or a fool with a leaning toward the former opinion. He cures diseases by send a round wafer (which is pure linen) with directions to the patient to place this in a glass of water. The dose to be taken varies with each victim. Some take drop doses, others swallow it by the spoonful, and the entire glassful of water is advised for some. We are not informed as to the effects produced, but one thing is certain, viz., the Baron sells these little pieces of linen at a rouble a piece and he has already amassed quite a tidy sum.

Worthy of Imitation.—The recent numerous fatal cases of diphtheria in Toledo, almost amounting to an epidemic, was fruitful in stirring up the health authorities to the performance of their duty (*Toledo Med. Comp.*). It seems that the efficient health officer in his investigations discovered that the disease was disseminated by uneducated and illegal practitioners and that the fatal cases seemed to follow in their wake. The health officer, Dr. Fisher, in placing the matter before the board, urged that steps be taken to prevent this reckless and even criminal loss of life and that these incompetent and illegal practitioners be prevented from continuing their nefarious work. The board ordered the arrest of some of the guilty parties. Having commenced the work of eradication it is to be hoped that the board will continue to enforce the law, poor as it is, until none but legal practitioners will be found in Toledo.

Japanese Massage.—With the exception of some musicians, and a few who may be supported privately by relatives who are in asylums, the blind of both sexes in Japan are engaged in one calling, and have a complete monopoly of that profession. This calling, in the

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vernacular, is denominated *amma*, and is usually translated "shampooing;" while the operator himself goes by the name *amma san* ("Mr. Shampooer"). This operation, as will be seen later, is in reality a kind of massage treatment, much employed by the natives when they are tired or a little indisposed. It is especially "recommended to tired pedestrians, and to persons suffering from lumbago, rheumatism and other pains and aches." It is, among the lower classes, a very common remedy for colds and headaches.—*Ex.*

Senseless Abbreviations.—Some time ago, says the *Western Druggist*, the Brooklyn papers recorded a case of the erroneous dispensing of mercuric chloride for chloral hydrate. It may be taken for granted that the prescription read, "Hydr. Chlor.," which the unthinking drug clerk interpreted to stand for hydrargyri chloridi, dispensing that without compunction in the place of the hydrate (of) chloral intended. The occurrence was a deplorable one, and the pharmacist deserves the severest censure, if not more; at the same time, the prescriber should be held as particeps criminis. The senseless manner of abbreviating names in prescription writing so frequently indulged in by physicians, not to speak of the meaningless jumbling together of Latin and the vernacular names is so dangerous that it is really surprising that mistakes of the above nature do not occur more often. Teachers at medical schools might very profitably impress this point upon their hearers, and editors could give great aid in the same direction.

Dr. Oleaginous.—Dr. S. V. Clevenger is contributing a series of psychological studies of physicians to *Medical Progress*. He speaks of Dr. Oleaginous and says of him *inter alia:* Were he to be examined by a State board for qualification as a practitioner, his rating would be about as follows: Chemistry 0, physics, 0, anatomy 5, physiology 2, and so on, but his piety would range 105.

Financially he is a success, but he has to turn more corners, tell more lies, resort to more subterfuges than would enable an ordinary gambler to get up a first-class detestation of himself. In fact a bunco-steerer would come to grief with the same methods. An example or two may be given. Once an honest man and able physician was called to see a child who suffered from painful teething and at once afforded the little patient relief, but subsequently Dr. Oleaginous discovered evidences of imbecility in the child's eyes, and called thrice daily at three dollars per visit. A case of cellulitis was deserted when he feared that it would die on his hands, pleading want of time to attend to it, but when the physician into whose hands it fell pulled it through successfully, Dr. Oleaginous called twice daily even after full recovery, and his bill was the larger of the two. For trivial ailments which could be alarmingly magnified he was invincible and faithful in attendance, but when such a thing as puerperal eclampsia threatened to end fatally, his Sunday School or other "professional" duties caused him to evaporate.

Becoming Gynecological.—The *Atlanta Medical and Surgical Journal* is becoming gynecological as witness the following:

We regret to note that our esteemed picturesque contemporary, the *Dixie Doctor*, which has boasted of being so lively, and robust, and healthy, and vigorous, has been suffering with some catamenial irregularities of late. She has missed some of her monthly periods, and her menstrual functions seem to be getting deranged. Her last appearance, the October *issue*, came "past the time," and was much diminished in volume. Can it be that one so young, at one time so promising, at all times so hopeful, should be slowly undergoing her "change of life" so soon? We hope that the gentleman who directs the functions of the *Dixie Doctor* will apply the suitable remedies to establish a normal equilibrium.

The Eastern Michigan Insane Asylum, situated at Pontiac, was visited by fire on December 26, 1891. A defective flue in the main building is supposed to have been the cause of the conflagration which totally destroyed the building, the estimated loss being $500,000. Some 800 insane inmates were in this building at the time, but owing to the heroic efforts of the attendants all were saved. Some are supposed to have escaped to the woods. A bleak of wind was blowing at the time and many suffered before they could be crowded into the cottages.

A Mistaken Diagnosis.—The Philadelphia daily papers lately recorded an unfortunate occurrence, the result of a policeman's mistake. A man who had been arrested the night before for drunkenness was found in his cell the next morning dead of apoplexy. It was proven at the inquest that the deceased was a gentleman of most sober habits and upright character.

Hemorrhage After Tooth-Extraction is not an uncommon occurrence. A writer mentions that after the unsuccessful use of subsulphate of iron he arrested it in a case by the application of the thermocautery. A remedy which can be more readily obtained and which is generally successful is the application of chromic acid.

Tuberculosis in Massachusetts Cattle.—It is reported that the Maine cattle commissioners have discovered tuberculosis in cattle lately imported from Massachusetts, and have voted to prohibit the importation of cattle from the State.

Physicians and other readers of the REVIEW should not fail to examine its advertising pages, where much that may prove of interest will be found.

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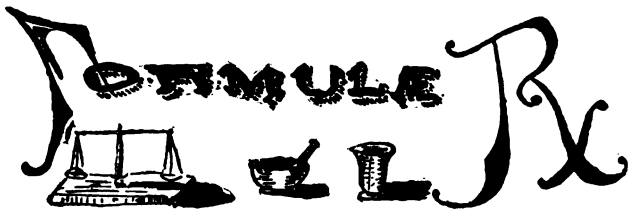

Effervescent Powders.—The London *Confectioner's Union* gives the following formulæ for effervescent powders, which make pleasant drinks:

MAGNESIAN LEMONADE POWDERS.

℞	Fine white sugar,	lbs.ij.
	Magnesium carbonate,	ʒvj.
	Citric acid,	ʒiv.
	Essence of lemon,	ʒij.

Rub the essence into the dry ingredients, work well together, sift, and bottle.

MAGNESIAN ORGEAT POWDER.

℞	Fine sugar,	lbs.j.
	Carbonate of magnesia,	ʒiij.
	Citric acid,	ʒj.
	Oil of bitter almonds,	♏iij.
	Vanilla flavoring,	q.s.

Thoroughly amalgamate the dry ingredients. Rub in the oil of almonds and sufficient essence of vanilla to give a slight flavor. Work all well together, sift, and bottle.

AMBROSIA POWDER.

℞	Fine sugar,	lbs.ij.
	Carbonate of soda,	ʒxij.
	Citric acid,	ʒx.
	Essence of ambrosia,	♏xx.

Amalgamate the whole of the above, and afterwards sift and bottle in the usual manner.

NOYEAU POWDER.

℞	Fine sugar,	lbs.ij.
	Carbonate of soda,	ʒxij.
	Tartaric acid,	ʒx.
	Essence of noyaan,	♏6.

After the dry ingredient have been mixed, and the essence rubbed into them, sift and bottle the powder.

LEMON SHERBET (BEST).

℞	Fine sugar,	lbs.ix.
	Tartaric acid,	ʒxl.
	Carbonate of soda,	ʒxxxvj.
	Oil of lemon,	ʒij.

Having thoroughly mixed the dry ingredients, add the lemon, rubing it well in between the hands; then sift the whole thrice through a fine sieve, and cork down tight.

As oil of lemon is used in this receipt, the blending must be quite perfect, or when the powder is put in water the oil of lemon will float.

Any other flavoring may be substituted for lemon, and the sherbet named accordingly.

RASPBERRYADE POWDER.

℞	Fine sugar,	lbs.ij.
	Carbonate of soda,	ʒij.
	Tartaric acid,	ʒij.
	Essence of raspberry,	ʒiv.
	Carmine coloring,	q.s.

Rub the essence well into the sugar, and mix this with the soda and acid. Then work in sufficient liquid carmine to make the powder pale red, sift through a fine sieve, and pack in air-tight bottles.

CREAM SODA POWDER.

℞	Fine sugar,	30 parts.
	Tartaric acid,	7 "
	Carbonate of soda,	6 "
	Finely powdered gum arabic,	1 "
	Vanilla flavoring,	q.s.

Proceed exactly as for best lemon sherbet.—*National Druggist.*

Allingham's Ointment for Hemorrhoids.—

℞	Bismuth subnit,	ʒj.
	Hydrarg. subchlorid,	ϑj.
	Morphini,	gr.iij.
	Glycerini,	ʒij.
	Vaselini,	ʒj.

M. Sig.: Use in pile-pipe.

Chronic Gastric Catarrh of Drunkards.—

℞	Oleo-resin. capsici,	gr.x.
	Olei caryophyl.,	♏x.
	Hydrarg. chloride mitis,	gr.xx.
	Aloes socotrin.,	gr.xl.

M. Fiant pil. x. Sig.: Give one pill three times a day.—H. A. Hare in *Coll. and Clin. Rec.*

Subacute Bronchitis, in a child, æt 4.

℞	Syrup. ipecac.,	ʒij.
	Spirit. etheris nitrosi,	ʒij.
	Olei ricini,	ʒiij.
	Syrup. tolu, q.s. ad.	ʒiij.

M. Sig: Teaspoonful four times a day; and counter-irritation over the chest with tincture of iodine.—E. E. Graham in *Coll. and Clin. Rec.*

Chronic or Tubercular Bronchitis.—Dr. Jas. E. Reeves, of Chattanooga, Tenn., has had a very large experience with the following formula, and sends it, in a private letter, with the assurance of its possessing great remedial virtues:

℞	Chloride of ammonium,	ʒi.
	Iodide of ammonium,	ʒss.
	Glycerine,	ʒij.
	Beechwood creasote,	♏lxiv.
	Fowler's solution,	ʒiss.
	Phillips' syr. wheat phosphates, q.s. ad.,	ʒviij.

M. Sig.: A teaspoonful four times a day.—*Columbus Med. Jour.*

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"Real Love never works for pay"; but physicians do.

"I am of a very sympathetic disposition," said N. Peck. "Whenever I come home and find my wife with a nervous headache I am sure to catch it."—*Indianapolis Journal.*

Druggist.—"You might have charged that young man $2 for filling that prescription. Why did you put the price at 25 cents?" Clerk.—"He understands Latin."—*Good News.*

Tramp.—"Lend me thirteen cents." "Why thirteen cents?" "I have had bad luck. Thirteen is an unlucky number and I want to cure my luck with homeopathy."

Cause and Effect.—Physician: "What have you given this child to drink?" Country Nurse: "Only milk, Doctor." Physician: "Well, you must have adulterated your milk in a nice manner—the child has hydrocephalus."

"Be Me Sowl," exclaimed Mrs. Finnegan, "Iverything is blamed on the poor Oirish nowadays. Wud yez belave it Pat? They do be sayin' that an Oirishman gave the people in the Sout' the yaller faver; a felley be name av Mike Robe."

Deeply Concerned.—"Your uncle, sir," said the physician who had been hastily called in, "is threatened with softening of the brain."

"Any symptoms of that kind about his heart?" inquired the poor relation, anxiously.

How Shall the standard of medical education in this country be raised, is asked by the medical journals. They might try a derrick, some dynamite or send it to court a girl with a testy father. If these do not succeed send it with a census blank to ask an old maid for her exact age.

He Tried to Put it Up.—A man one day went into a large shop iu London, and in mistake for a prescription left on the counter a long poem commencing:

"Oh, my Charlie, how I love you,
With your eyes so full of love,"

with the remark that it was to be made up, and he would call back for it in half an hour.

Too Cheap. — Newly-made Widow.—"He is a fashionable undertaker, but even his charges are far below what I can afford, and I want to give my husband the most expensive funeral I can, you know."

The Friend.—"Why don't you get a plumber to bury him, then?"—*Ex.*

Mr. Snoball.—"Whut I kain't understand about dese yere doctors is, whut's de use ob dese yere postmawtem 'zaminations. Whut yo t'ink ob dem, Eph?" Mr. Lilywhite.—"'Pears to me dey must be fools. Dey might know it wouldn' be no use to cut a purson up arter he dead. Dey neber cure him den."—*Ex.*

Knew His Business.—Mr. Laman.—Why do you always question patients so closely about what they eat? Does the information you get help you to diagnose their case? Dr. Emde.—Oh, no! But by doing so I am enabled to guess what their station of life is, and how much fees I can probably get out of them.—*Ex.*

A Correspondent wishes to know "how to break a cold." One very effective way would be to let it fall backward down two or more flights of stairs; if this fails to completely break it up, try a pile driver or a charge of dynamite; if all these fail, induce it to start a medical journal, and we will guarantee that it will soon be broken as nicely as the Maverick Bank of Boston.—*Ex.*

A Young Medical Student, in the absence of his preceptor, was called to see a patient who was about to be confined. On entering the room and finding the lady suffering apparently from "cramps" he prescribed the usual medicine and was preparing to leave when a woman present suggested that perhaps he did not understand the nature of the case. The would-be M.D., indignant that his knowledge should be questioned, replied that his diagnosis was perfect, and that he knew his business. "Why," said he, "I saved a man's life at the hospital yesterday, that had a worse case of cramps than this lady has,"—*Ex.*

It was not Insured.—A young vaccine physician, starting out a few days since, after stopping at the first house, and just in the act of inquiring if there were any children to be vaccinated, he was interrupted by the loud, shrill voice of a parrot inside, shrieking: "Yes, we're all insured!" People across the street looked and the abashed young man had barely begun again when the parrot once more cried out; "Yes, we're all insured but me; and they won't insure me!" An amused crowd was about by this time, and the young doctor thoroughly out of countenance, beat a hasty retreat, followed by this parting scream from his interested tropical conversationalist; "Ain't you going to insure me?" He says that another experience like this will make him resign and try something else.

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An Il-leg-gible Prescription.—Lady visitor (at house of eminent physician).—"I have called, doctor, to ask if there is any cure for sleep-walking. I have had the habit for years, and lately it has become worse." Doctor Highprice.—"It can be cured, madam. Take this prescription, and have it made up at Colde, Steele & Co.'s." "Colde, Steele & Co.'s? Why that is not a chemist's, it is an ironmonger's." "Yes, madam. The prescription calls for a paper of tacks. Dose: two tablespoonfuls scattered about the floor before retiring." —*The British and Colonial Druggist.*

Female Notions of Anatomy are often decidedly mixed, and of this the *British Medical Journal* cited the following amusing illustration some time ago: Shortly after the death of an officer at a British military station, a "leading lady" gave a tea party to members of the fair sex. The death of Captain ——— naturally came on the tapis, and the hostess, who, from her exalted position, "knew all about it," said, "Ah, yes, Poor Captain Dash! He died of kidney disease." Turning to her company with some unction, yet a little bashfulness, she added, "how thankful *we* all ought to be that *we* have no kidneys." She evidently did not mean renal organs!—*Ex.*

Medical Proverbs, Gleaned by the philosopher of the *Medical Age.*

GERMAN PROVERBS.

A physician is an angel when employed, but a devil when you must pay him.

Dear physic always does good.

A disobedient patient makes an unfeeling physician.

SPANISH PROVERBS.

What cures Sancho makes Martha sick.

The earth hides as it takes
The physician's mistaks.

He that sits with his back to a draught, sits with his face to a coffin.

Of the malady a man fears he dies.

He that would be healthy must wear his winter clothes in summer.

ENGLISH PROVERBS.

Diseases are a tax upon our pleasures.

A good surgeon must have an eagle's eye, a lion's heart and a lady's hand.

Tender surgeons make foul wounds.

MISCELLANEOUS.

A physician is a man who pours drugs, of which he knows little, into a body of which he knows less—*French.*

Do not doubt; you are no docter.—*Anon.*

Most physicians, as they grow greater in skill, grow less in religion.—*Massinger.*

Sure Cure for "La Grippe."—Sufferers of "La Grippe," Influenza, Asthma, and other malarial troubles may obtain relief by taking a trip to the wonderful Hot Springs of Arkansas, (the Carlsbad of America). Through Pullman Buffet Sleeping cars. Tickets now on sale via Iron Mountain Route. Ticket offices, 102 North Fourth Street and Union Depot, St. Louis, Mo.

THE LIMITED MAIL ROUTE—SOUTH.

Your very wants anticipated. Your comfort, ease pleasure and safety secured by going South over the Cairo Short Line and Illinois Central R. R. Two trains daily, St. Louis to New Orleans. Leaving St. Louis 7:40 A. M., and reaching New Orleans at 7:30 P. M. the following day—23 hours and 50 minutes; or leaving St. Louis 8:30 A. M., reaching New Orleans at 8:25 A. M. next morning—23 hours and 55 minutes en route. Only one night on the road. Pullman vestibuled sleeping cars and through coaches. Ticket offices, 217 North Fourth Street and Union Depot.

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MEDICAL REVIEW.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Plagiarism.

The vast differences which exist between *meum* and *tuum* are so well known, as a general thing, that it would seem superfluous to endeavor to point them out. On the other hand, the great amount of ignorance, which apparently exists upon this subject, is a matter of surprise and, unfortunately, cannot always be accounted for by any reasonable hypothesis. While it may be true that an anatomical defect is present in the brains of criminals and may, in part, account for their deviations from established moral customs, it must be admitted that certain phases do not admit of such a charitable explanation. The kleptomaniac is a moral defective and, strange as it may appear, is generally rich or comparatively so, and not to be confounded with the ordinary thief.

So it is in literary work. We have the ordinary thief who, driven by hunger or necessity, steals a book, a pamphlet, a journal, or some other literary product, sells it for the money it may bring, or keeps it for the pleasure it may afford him. He desires to have it and must possess himself of it at all hazards. He may be forced to commit the act by physical hunger or it may be intellectual starvation that drives him to it. In either case it is a very reprehensible course to pursue.

But what will be said of the individual who would disdain to commit such a petty crime, and yet debases himself to the point of filching the ideas of others; who will stoop to such a degrading act as to steal the fruits of another's mental labors, and goes still further, to the extent of claiming it as his own, possessing as he does, sufficient cunning to disguise it in a garb of his own making, in the hope that the disguise will prevent others from recognizing that which rightfully belonged to another.

This is of frequent occurrence, so frequent that it is difficult, in many instances, to detect the imposture. And we are sorry to state that it is a fault which we have detected in some of our esteemed cotemporaries. A weekly medical journal should be above such practices. It should frown down upon any such attempts at deception. If it be done with the cognizance of the editor, he would be doubly guilty—guilty of intentional fraud and of deceit. If he be unaware of the fact then he is guilty of carelessness in not overlooking the work of others in the proper manner.

The reader of a medical periodical places a certain amount of confidence in that journal, and expects it to deal honestly with him. He does not suppose that all within it emanates from the editorial chair and its assistants, but he does expect, and he has a right to demand, that the origin of a good idea be placed where it properly belongs. Unconscious plagiarism may occasionally occur, but the regular indulgence in this habit becomes wearisome after a time, and the time seems to be ripe for calling a halt in the practice.

In medical journals certain matter such as news items, and short notices of evanescent interest are regarded as common property, and need not be traced to their origin and this recorded; for, in such an event, the interest would be lost before its exact source could be obtained. But, in the case of new discoveries, methods of treatment, descriptions of disease and all matter on which time, labor and thought have been expended, the least that can be done is to give the author the rather poor compensation of the credit and the journal, in which it appeared, a mention. Yet this is not done.

Journals claiming a high degree of respectability, edited by gentlemen of known capacity, and liberally supported, occasionally forget to observe this duty. We have had opportunities of observing this, and we can only attribute it to negligence on the part of the editor-in-chief. He trusts too implicitly in the work done by his assistants, and they, relying upon the confidence reposed in them, occasionally betray it in order to create the inference that they have originated and not copied.

It is not alone in the editorial department of medical journals that this habit of plagiarism exists. We find it occasionally displaying itself in the "original" work of physicians in high standing. They grasp an idea given out by a comparatively obscure individual, and by dressing it more suitably they excite more attention and are given the credit of what is, in fact, not theirs. This is a practice so common in all literary work that a euphemism has been coined to designate it—plagiarism. That any one may be deceived by this method stands to reason, but the systematic practice of the deception cannot be carried on undetected, and this is the phase of the course pursued by some, which we desire to deprecate. To our mind the individual who can simplify or elaborate the idea of another one need have no fear that his work will pass by unnoticed. If it be meritorious he will obtain the recognition which it deserves and, in addition he will gain the respect of his readers. No respect is ever shown to one who plagiarizes for he is simply—a thief.

Imitation, while it implies admiration, is also, in a manner allied to plagiarism. We have lately had occasion to see one of our esteemed cotemporaries adopt for its title an imitation of the letter head of a proprietary medical firm, and while the proprietor of the journal owns the greater part of the stock in the concern, the two enterprises are sufficiently distinct and separate to permit of originality in the feature mentioned in each. It is an imitation which would have been better omitted and something original substituted therefor.

Medical Practice in Connecticut.—Free trade does not exist in America; protection flourishes, but there must be some mistake, or else the following paragraph from one of our exchanges cannot be correct. The following reply was sent to a doctor inquiring of a State official if he will be allowed to practice in Connecticut by registering his name and the college, from which he was graduated:

"Sir—Anybody can practise medicine in Connecticut. You do not need to register; you do not need a medical diploma; you do not need to know the difference between opium and peppermint; you do not, indeed, need to know anything. You can simply come to live here and begin to practice. The laws of Connecticut will sustain you in collecting your fees for professional services, if you render any which you choose to call such. But if you undertake to carry me or my trunk to the depot for pay, you must get a license. If you peddle matches or peanuts, you must get a license. If you collect the swill from your neighbors to feed your pigs, you must get a license. If you want to empty your cesspool, you must get a license. But you can practice medicine in Coonecticut without a license."

The above is taken from one of our English cotemporaries, and then there is wonder expressed at the fact that the English should have such a poor opinion of the medical profession in the United States.

Errors in Diagnosis.—The *Northwestern Lancet* says that the serious mistakes of the great and shining lights of the practice of medicine, are not such an ill wind that they do not do good by comforting and encouraging those practitioners whose inexperience makes mistakes not very uncommon, and who are wont to feel in the discouragement that follows the discovery of an error, that no one has ever blundered so before or proved himself so utterly incompetent to assume the responsibilities of the profession of medicine. Medical men who stand at the top of the ladder could do no greater kindness to those who are still on the lower rounds than by confessing some of the worst mistakes that they have made. There is no danger that such confession would encourage slovenliness and carelessness of diagnosis; on the contrary, they would strikingly point out the very dangers and pitfalls against which less experienced practitioners should be on their guard.

The confession of error is, however, one of the hardest tasks that man is called upon to perform, and it must be expected that mistakes, if they come to light at all, will be found out rather than voluntarily disclosed. They come to light in one way and another from time to time, and perhaps some day a medical philanthropist will bring them together in a volume which might be called a "Consolation Book," and which would certainly form a valuable addition to every medical library.

Sanitation.—In a most interesting letter to *The Texas Sanitarian*, Dr. A. S. Wolff draws a strong comparison between man and his environment at present, and in the earlier ages, showing in a striking manner the importance of sanitation in ameliorating man's condition and advancing civilization. Even war, that one great relic of barbarism, is robbed of much of its horrors by improved hygiene and the discoveries of antisepsis. Epidemics, though still, occasionally very destructive, are more tractable through the same agencies; and with regard to small-pox, which was in earlier times more dreaded and more destructive than wars, pestilence and famine combined, it has had to strike its colors, and surrender unconditionally to sanitary science and "preventive medicine." The doctor cites the historical fact that during the past ten centuries there was not an interval of twenty years of peace in Europe; and says, with reference to epidemics; "During the last half of the present century cholera has invaded Europe six times, and alto-

gether did not destroy one hundred lives; while during the 14th century the 'plague' in three years carried off one-third of the population of Europe!" Hygiene, as understood by modern civilization, is shown in the letter to be a potent factor in our material, as well as intellectual progress. He cites the introduction of a rigid sanitation in large manufactories and in schools in illustration of this assertion. The writer, however, bewails the reluctance, indisposition, ignorance, preverseness, or whatever else it may be, with which the masses of people comply with the suggestions of medical men as to the enforcement of sanitation and hygiene.

Punctuality is a quality whose exhibition is highly appreciated by all those who have any interest, no matter how small, depending upon it. A disregard for this, even in physicians, is looked down upon to a certain degree, and justly so in many instances. In some cases it is unavoidable. A case in point is where a member of the St. Louis Medical Society spoke rather bitterly of the fact that there was an attendance of but five members at a called meeting on December 28 last, the object of the meeting being to adopt suitable resolutions upon the death of a member—Dr. Adolphus Green. The slim attendance can be easily accounted for if the other members were served as we were, for we received the notice of the meeting the day after it was held. Under such circumstances no blame is to attach to any one but the sender of the notice, and whether it was due to want of time or of punctuality on his part, we know not. Suffice it to say that the missive failed in its purpose, and there existed no foundation for any criticism directed against absent members.

Heroic Gynecology.—This is the manner in which the *Provincial Med. Jour.* puts it: There are two schools of gynecology, one composed of men who can operate, and the other of men who cannot. The latter do, however, venture to perform what is called minor operations, especially to use the speculum, apply tampons, caustics, leeches, encouraging daily visits for the tamponage. This class have a number of pet phrases, they cry out against what they term heroic gynecology, against the unsexing of women, etc., and the rest. What is heroic gynecology? Dr. Murdoch Cameron has just operated on his fifteenth successful case of Cæsarean section. This will come under this head, and we presume he will be held up as an offender by those who confine their operative skill to the opening of the child's head and the destruction of infant life. These set phrases and the ill-natured spleen of a few will not, however, deter those who have brought gynecology to its present state from still further perfecting it.

Combinations of Medical Men.—Even the worm will turn against the heel that crushes it, and even medical men are beginning to demand some just recognition says the *Jonrnal of the Am. Med. Ass.* The recent attempt in Arkansas by the medical men of a small community to protect themselves from imposition by notifying each other of the individuals who made unremunerative patients is an index of the feelIng which is beginning to pervade the profession, and the action of the citizens of that community in organizing to boycott these physicians for doing that which every merchant does when he becomes a subscriber to a commercial agency, shows only too clearly how like slaves the profession is regarded by a certain portion of the community.

Certainly it is true, that the profession as a whole is punctiliously mindful of the dictates of humanity. So true is this that a single slip in this direction by a physician, even if his action be within the bounds of strict right and justire, at once calls for loud complaints from the laity. The community has grown to judge us by altogether different standards from those which it employs in its judgment of others.

Periodical literature gives evidence that movements are now on foot to secure for our profession the recognition due it.

It is idle to say that the profession receives its dues. Its methods are so out of harmony with the active commercial spirit of the age, that it cannot be understood. No better evidence of this is needed than the persistent misinterpretation of its motives by the daily press on matters relating to quackery. As to its personnel, it is actually and relatively superior to-day, but does not receive the attention given the pompous doctor of "ye olden time."

The "Review," as our readers can see from this and the preceding number, is full of short, practical medical items and news. What we now desire is for the readers to send us abstracts of methods of treatment which have been successful in their hands, interesting cases, etc. In addition they can safely recommend their friends to subscribe, and do so now!

Accurate Dosage.—To order an accurate dose of a remedy is one thing and for the patient to take it, as ordered, is another. This is a very important point, more especially in connection with alkaloids. Physicians are not always enabled to procure remedies ready put up in pill form of the dose required and, in such cases, the following is a good method: Take your remedy and have it triturated with sugar or some othe inert substance which will make bulk. Divide the mass into as many portions as will accurately divide it into the dose required and order or leave the number deemed necessary. By taking such a powder in water or a suitable vehicle accuracy of dose is insured. If it be necessary to administer the remedy in a liquid form, use the old time method of saddle bag days. Take your remedy and add thereto as many teaspoonfuls of the excipient as you desire doses and then you will know that your patient gets what you have ordered. The patient receives so much of the active remedy and

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adds the menstruum himself, thus ensuring accuracy of dosage. Of course a graduated medicine glass will ob viate all this trouble and is by far the simplest and best method to adopt.

A Leper Colony in Finland.—Kuusamo, a little town in Finland, was for a long time a small but obstinate focus of leprosy (*Brit. Med. Jour.*). Sixteen deaths from that disease occurred there between 1774 and 1800, and twenty-two between 1801 and 1828. As the disease appeared to be spreading, it was determined, in 1807, to enforce isolation. A building was erected on a small uninhabited island in lake Kitkajarvi, and the lepers were removed to that place. There they remained until 1845, when the hospital system was abolished and the medical officer of the district was instructed to visit the lepers twice a year in their own houses and to report on their condition to the authorities. These reports were made with regularity for twenty years, during which eleven cases of leprosy came under observation. After 1865 no further reports appear to have been presented, and in 1871 the medical officer reported that he was unable to find any more cases of leprosy in Kuusamo. The stamping out, within a comparatively short period, of a disease which had probably smouldered on for centuries, may be commended to the attention of the opponents of the segregation of lepers.

Dosage in Medicine.—The proper method of administering remedies is one of the greatest arts in the practice of medicine. While we are informed what the ordinary dose of a remedy may be, we have been placed in possession of but a part of much necessary information. To know the dose of a remedy is well enough, but is further necessary to know how often it should be administered. This is a point which governs dosage to a large degree. It has much influence over the right sort of control of a pathological process, and its proper application is followed by the expected and adequate results. It is for this reason that writers who specify their remedies should always be sufficiently careful to indicate the amount and frequency of what they use, so that their knowledge may be of practical service to others.

Burdens of Maternity.—Dr. C. S. Stoddard said to the Southern California Medical Society (*South. Cal. Pract.*): Obstetrical instruction is defective in being too much theoretical and too little practical observation. Our American girls are physically incapacitated to bear the burdens of maternity. Why is the girl of to-day, the invalid mother of to-morrow? We must admit a lack of proper physical development, methods of education are faulty, too much time is given to mental improvement and not enough to health. The dressmaker has been a potent factor in producing this result. A variety of depressing influences threaten the woman in pregnancy, the development of latent diseases, as tuberculosis, the manifold forms of uterine troubles, insanity, etc. Frequent child-bearing and lactation have brought the mother to human wretchedness and abject slavery, and bring into the world numbers of nervous creatures. What shall be do when the faithful, dutiful, but over-burdened wife comes to us with her story of suppressed menstruation and asks for help? However much our compassion, we must refuse. Would you advocate prevention of conception? Yes, but not by employment of means but by discouraging marriage of a large proportion of girls, and appealing to the higher nature of the husbands.

Prolapse of Rectum.—In a lecture on diseases of the rectum Christopher Heath says among other things (*Brit. Med. Jour.*):

If the bowel comes down and is allowed to remain down for some hours, you may find it rather a difficult job to put it back. The shortest way is to give the child chloroform, then to manipulate the bowel and to return it with the piece of lint with which you have manipulated it. If you simply push the prolapse up and take your fingers away, it comes down directly; but if you take a strip of lint and then squeeze the blood out of the bowel, you can push the lint and bowel back together, and the lint remaining in the lumen of the bowel keeps it in its place. After some hours the lint will come away spontaneously, or with the next evacuation, and then the case is relieved. In order to keep up the bowel in an obstinate case it is not a bad plan to do as Dr. Ionides did in a case that he had here lately, namely, put a strip of plaster across to hold the two buttocks together, so as to prevent the bowel coming down again.

These cases of prolapse are readily enough treated, even in the adult; but we occasionally get cases of procidentia, where the whole bowel comes out, and they are exceedingly difficult to cure. It is curious that women who have that kind of thing sometimes seem to have a morbid liking for it. They do not want to get cured; it is a form of hysteria, no doubt; they like to be made martyrs of—to be kept in bed, to be always suffering, and to have their friends rallying round them, converting their bedroom into a sort of reception room. I shall never forget one case that I was called to see. It was that of a lady, who was a leading light amongst her religious party, and who had been confined to her bed for many months—I fancy for years—by a large prolapse of the bowel. I was asked to examine her, and I could find no reason why the bowel should not be returned. But she did not want it returned, and she resisted every effort that I made; the moment I put it back she strained and drove the bowel down again, so that I had to give it up as a bad job.

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Placenta Following Head.—Mr. Frank Broadbent, writing in the *Britteh Medical Journal*, says:

On October 16, I was called to a confinement eight miles away. The woman had been in labor five hours. The os was fully dilated, the membranes were unruptured, and the head presented in the left occipito-cotyloid position. I ruptured the membranes, and in two hours the head was born. The shoulders seemed rather slow in coming forward, and I found that the cause of the delay was the placenta, which was expelled in front of them. The child was born dead, and there was no hemorrhage at any time. The pains seemed to me quite normal, but the woman complained of its length, as her former ones had been unusually quick. In studying the mechanism of this condition, I should suppose that the placenta had grown from the lower segment of the uterus, and that the point of the shoul der had caught it in descent and expelled it in front of it.

Maternal Impressions.—This subject appears to be perennial in medical literature. Dr. Ballantyne and other modern authorities have given reasons why maternal impressions should be taken into account when the causes of monstrosity are under consideration. A paper on a suspected case of maternal impression was published in a recent number of the *Centrablatt f. Gynaekologie*. Dr. Wolff, of Wilhelmsburg, was consulted in October by a patient, recently confined, about a malformation in the child. There was defective development of the middle, ring and little fingers of the left hand, so that the corresponding metacarpal bones each bore a single ill-formed phalanx, with a rudimentary nail. The rest of the child's body was free from any deformity. None of the infants's relatives appear to have been subject to any kind of deformity. The mother informed Dr. Wolff that in the second month of pregnancy she was greatly distressed by seeing a woman who lost nearly all the fingers of one hand at a fire. There were also ugly scars on the face and neck, but the mother could not help dwelling for months on the injured, fingerless hand. We must not overlook the possibility of coincidence, as burnt hands are not rare, nor is imperfect development of the fingers extremely infrequent. Again, some relative may have had a similar deformity, which his or her relatives had overlooked. Every medical man who has made extensive clinical researches is aware how very little people know about their nearest relatives (*Brit. Med. Jour.*). Prof. Bertram Windle has recently written on teratological evidence as to the heredity of acquired conditions, and shows how polydactyly at least tends to be hereditary. There are several other questions to be considered before the doctrine of maternal impressions can be established as a sound, scientific theory. Amniotic bands certainly damage many parts of the fetal body, and the fingers seem particularly exposed to injury from that source. The fetus is not free from disease of its bloodvessels, which may arrest nutrition and development, especially at the extremities. Lastly, the supporters of the maternal impression doctrine cannot show how psychical influences in the mother may influence the development of the child. Such influences may exist, but, as a rule, monstrosities can be traced to more definite sources.

Electricity to Purify Water.—The Webster method of purifying waste water by means of electricity has been tested by Dr. Fermi in the Hygienic Institute at Munich, Germany. During the course of the experiments it was found that the water became purified in about fifteen minutes, the organic substances being reduced by about one-half, and the suspended substances being precipitated to the bottom. The smell of the water was perceptibly improved.

While the results of the tests show that electricity does not at the present time realize the idea of water purification, it has two great advantages; first, that very little iron is precipitated and its removal is not so difficult as in the case of purification by chemical means, and, second, the dissolved organic substances, which are not precipitated by any of the known chemical methods hitherto employed, are at least partially removed by the electric current.

Foreign Bodies in Tonsils.—This subject is discussed by Dr. Harrison Allen in the *American Journal of the Medical Sciences*. He states that the practitioner is frequently called upon to remove foreign bodies from the pharynx. When these are large the most casual inspection reveals their presence. Frequently, however, examinations carefully conducted fail to detect them. The conclusion is arrived at that the objects have been either swallowed or ejected, and the symptoms complained of are referred to the effects of congestion or to the anxiety of the patient. It must not be forgotten that small fish bones may be lodged within the tonsil and be out of sight when the throat is inspected, but may protrude during the acts of swallowing and speech. He than describes a case in point as follows:

A gentleman once reported to me with the complaint that a fish-bone was fixed in the throat. The history was consistent, and a careful but futile examination had been made by the family physician. I was equally unfortunate in not finding the offending bone. I ventured to say that it had disappeared, and that the distress could be controlled by the use of a soothing gargle. But in this I was mistaken. The patient reported after an absence of several hours and persisted in his belief that the bone remained in the throat. Finding the right

tonsil rather large, I grasped it with a pair forceps and drew it forward, thinking that the bone might be found between the gland and the palato-pharyngeal fold. Directly, I saw (as a result of compression) projecting from the gland the end of an exceedingly slender needle-like fish-bone, which was readily lifted from its bed by a pair of forceps held in the disengaged hand. The bone was fully an inch in length, and would have remained undiscovered had I not fortunately by the seizure of the gland forced it slightly out of its bed. On another occasion I removed a thin scale of an oyster-shell, which had been in the throat forty-eight hours, from the interval between the upper and the main tonsil. The ob ject was readily seen by drawing the palato-glossal fold forward.

Queer Cure for Goitre.—The Chicago *Medical Times* is responsible for the following: A patient had a goitre for many years. At the age of 57 it began to increase in size rapidly, and became so large, that it interfered with swallowing and breathing. After examination, he was told that an operation was the only safety, and that in all probability, that course would result in death. He refused to submit to the operation. Considering his case hopeless, he concluded to apply poultices persistently, and watch the result. He kept a hot flaxseed poultice applied for five weeks, the swelling became softer, and the skin covering became thin, and finally broke. A large quantity of pus with shreds of tissue escaped. The tumor shrank until it was very small in size, and a small fistula remained, from which a slight secretion issued. This method of curing a large solid goitre is unique.

Aconite Poisoning.—In a case of this character in which seven and one-half drachms of the tincture of aconite were ingeeted, Dr. G. H. Tuttle adopted the following heroic measures (*Boston Med. and Surg. Jour.*):

He injected as fast as possible three syringefuls of brandy, and twenty drops of digitalis under the skin. Twenty drops each of tincture of digitalis and nux vomica plus brandy and a little molasses were injected into the rectum. Mustard water was poured down the throat freely; and ether and ammonia given by the nose as fast as possible. Hot jugs and blankets were used to retain the body heat. In about twenty minutes the arms became warm as far as the elbows, and the pulse became perceptible at the wrist. Free vomiting had followed the exhibition of mustard water and this, too, seemed to rouse him somewhat. Ten drops more of digitalis and two syringefuls of brandy were now injected. The pulse strengthened somewhat, the man opened his eyes and spoke incoherently. In another half-hour he was able to roll over upon his side and vomit intelligently into a basin. Hypodermics of brandy and five-drop doses of digitalis were injected every twenty or thirty minutes. Later brandy and carbonate of ammonia were given by the mouth, not at first retained in the stomach, but finally kept down for twenty or thirty minutes.

As he recovered, he complained of his head feeling swollen and of pins and needles sticking into him everywhere, also of great numbness. In four hours time—five and one-half hours from the time of ingestion—he seemed perfectly conscious and spoke intelligently to members of the family. About this time he complained of burning pain in the stomach and begged every minute or two for water. Mucilage of acacia with bismuth and soda was then given him and continued for several hours; also small pieces of ice and brandy by the stomach.

Three days later the patient was about although feeling somewhat weak.

Fracture of Clavicle.—Dr. W. T. Briggs states (*Nashville Jour. Med. and Surg.*) that in the treatment of this class of fractures the indications are to maintain the parts in position by elevating the shoulder at the same time that it is carried backward. Of the numerous apparatus devised for that purpose, that one is best which most perfectly fulfills these indications. In a man whose restoration of function is of paramount importance to the disregard of deformity the simplest means of treatment as well as, in my opinion, the best consists of two large handkerchiefs, one of which is intended to hold the shoulder back while the other, used as a sling, serves to keep the shoulder elevated. Sayre's apparatus, consists of two broad strips of adhesive plaster, one fastened to the arm and encircling the body so as to throw the shoulder back, the other strip passed under the elbow and obliquely across the chest and back and meeting on the shoulder of the sound side, intending to elevate the shoulder. When the case is that of a young woman who is anxious to preserve the beauty of the neck, the treatment is the recumbent position, with a small pillow between the shoulders, and the arm in a sling. Union takes place in two weeks.

Intubation in Diphtheria.—The subject of intubation in diphtheria is one which still retains much interest for practitioners. The brilliant results achieved dy O'Dwyer, Waxham, and others seem to indicate the superiority of the method over tracheotomy. Dr. P. Richard Taylor gives the following (*Lancet Clinic*) as the results of his experience:

Intubation in diphtheria is indicated as soon as dyspnea becomes progressive, and is due to laryngeal obstruction resulting either from false membrane or tumefying of the mucous membrane and surrounding tissues, under which conditions the introduction of the tube gives immediate relief.

The size of the tube is governed by the child's age, according to O'Dwyer's system of measurement, except in such cases where the tube has been dislodged by coughing, when I invariably substitute the next larger, and this latter, my experience has taught me, is absolutely essential.

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The nourishment must be liquid, or else in the form of ices, and must be administered by the spoonful, the patient either sitting in the upright position or lying on one side, and taking the entire contents of the spoon at one swallow to prevent the passage of the liquid into the tube.

The removal of the tube between the fifth and the ninth day ordinarily is safe, but in some cases I have left it in position as long as twelve days. Its removal leaves the vocal cords stretched wide apart, the epiglottis standing almost straight, and stiffened from being held for several days in one position, and also leaves it unable to perform its normal function, rendering it necessary, for one or two days longer, to give liquid food by a spoon.

Herpes Preputialis.—This is a very common affection in males who have a long prepuce. The trouble appears as one or as several-grouped vesicles. There is burning, tingling and itching present, together with some pain. The tendency of the vesicles is to break down and, as a natural consequence, small ulcers form. These are very apt to be confounded with chancroids. In herpes there is a great tendency to relapse despite the very best treatment that may be employed. The proper treatment to be pursued is, without doubt, such as is of a radical nature. Circumcision is a sure cure for herpes of the prepuce. It not only brings about a cure but it also removes much of the danger of infection from other diseases. The relapses from herpes are numerous, and while a cooling and soothing treatment joined to astringents will act as a good treatment, it can at best be only temporary. We have yet to see the patient who did not look upon circumcision as one of the best treatments he had ever had for the annoying affection.

Diagnosis of Duodenal Ulcer.—Dr. Breschfeld made some observations on this subject before the Manchester Medical Society (*Lancet*). A noteworthy symptom in the perforation-peritonitis of the duodenal as well as the gastric ulcer is a severe pain, localized in the right iliac fossa, with tenderness and increased resistance of the abdominal parietes in that region. It is important to bear this in mind, as such cases might easily be mistaken for perforation-peritonitis from an ulcerative appendicitis. Those cases where more definite symptoms occur may be divided into certain groups, according to the situation of the ulcer. Where the ulcer is situated close to the pylorus the symptoms are the same as those of a round ulcer of the stomach. When the ulcer is situated close to the opening of the common bile-duct there is localized pain, coming on some hours after meals, hematemesis, and melena, and when the ulcer cicatrizes, persistent jaundice varying in intensity appears. Where the ulcer is situated beyond the opening of the common bile duct, the diagnosis can be made if there be stenosis of the duodenum from the cicatrization of the ulcer. In these cases, as shown by Boas and others, there is dilatation of the stomach and duodenum, and the examination of the contents of the dilated stomach shows the constant presence of bile; the contents have an alkaline reaction, and give evidence of the presence of pancreatic ferment.

Constipation.—There is very often quite a complication presented in the treatment of constipation. The various causes of this condition are numerous, and its successful treatment is largely dependent upon a full appreciation of the condition which is present. Those who have had any experience will have noticed that there are cases of constipation upon which no amount of cathartics will make any impression. In many of these instances there is a paralysis of the unstriped muscular fibres of the bowels, and it is this condition which demands attention. For this purpose one of the best therapeutic measures is belladona. The extract of belladonna in quarter grain doses will be found a very efficient remedy and this may be combined with such other remedies as may seem to be indicated by the general symptoms which are present in the case.

Chronic Alcoholism.—Dr. V. N. Ergolsky states (*Le Scalpel*) that he has treated cases of chronic alcoholism and dipsomania by subcutaneous injections of nitrate of strychnia in doses of $^1/_{60}$ to $^1/_{20}$ of a grain. In a majority of cases a disgust for wine was experienced after four to six injections. This aversion for spirituous liquors persists for a longer or shorter time. Some do not return to this habit even a year and a half after treatment. In case of relapse the treatment is to be resumed; there is no habit acquired and a cure occurs as rapidly as after the first treatment. It is a notable fact that the hypodermic injections act much better than when the medicine is administered by the mouth. The energetic action of the remedy subcutaneously administered is probably due to the fact in these cases there is chronic gastric catarrh or some other gastro-intestinal condition which materially interferes with the absorption of the remedy.

Venereal Warts.—These growths are among the most annoying to a patient, more especially when it is a male who is subject to them. The warts will continually recur in spite of all the drying powders and lotions which may be employed. A good method of securing their disappearance is to snip them off with scissors flush with the surface of the mucous membrane and then thoroughly cauterize with chromic acid. In addition to this some drying powder, such as calomel or bismuth subnitrate, should be used as a dressing. There is very little danger of recurrence taking place, if the irritating secretion which produces it is stopped. This latter is a *sine qua non* for a successful result.

Antipyrin as an Anigatlactagogue.—M. Guibert bases his observations upon an experience derived from 19 cases in which he observed the good ef-

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fects of antipyrin to stop the secretion of milk. This remedy is superior to the remedies usnally employed, such as repeated purgatives, dry regimen, iodide of potassium, etc. The cases treated were all recently deliv ered cases. Some had nursed their children a few days, others had not attempted it. In all, antipyrin was well borne and brought about a rapid suppression of the se cretion of milk. The remedy was given in doses of 30 to 45 grains daily in 4 grain powders. The antipyrin was found very soon in the urine and some time afterward in the milk.

Fatal Poisoning by Potassium-chlorate.—Dr. M. J. Donahoe reported the following interesting case in the *University Med. Mag.*: P. G., laborer, aged 36, on October 17 last, while under the influence of alcohol, asked his sister for a dose of medicine to relieve the excessive costiveness from which he was suffering. By mistake two large tablespoonfuls of chlorate of potassium were given, shaken up in a tumblerful of water. Several glasses of beer were drunk by patient shortly after taking this dose.

Four or five hours subsequently violent vomiting set in. There were great pain and tenderness in the epigastrium, and intense pain complained of over the region of the kidneys. There were constant hiccough, great irritability, and querulousness, and inability at first to pass any urine. Ten hours after I first saw him, and eighteen hours after the ingestion of the poison, about three drachms of dark, dense urine were passed; on heating, it gave as complete a transition into albumin as might be expected on boiling the serum of a pleuritic effusion. A decided jaundiced hue was soon noticed to pass over the whole surface of the body, the lips and eyes becoming cyanotic. The pulse, except toward the end, was about eighty four in frequency, but weak, compressible and gaseous. Amid a general aggravation of all the symptoms, and especially of the restlessness and irritability, the patient passed away October 24, one week after the poisoning. Post-mortem was refused. Treatment consisted in the use of gastric sedatives, stimulants and mild unirritating di uretics, but no beneficial result whatever was obtained. The stomach pump was used when patient was first seen, but as eight hours had elapsed from the taking of the poison very little of the latter was found in the glairy mucous fluid which that instrument removed.

Albuminuria of Adolescents.—In a very excellent paper dealing with the diagnosis and interpretation of the albuminuria of adolescents (*Lancet*), Dr. Clement Dukes says: The gist of the whole matter seems to be this: That where the hyperemia of the kidneys is severe the albuminuria is persistent, in whatever position the body may be placed, whether at rest or not, and whatever diet may be partaken; while if the hyperemia be slight, from the cause having been trivial, or from a severe attack which is passing away, then the albuminuria only shows itself when the body assumes the vertical position, or under exertion, or after a full meal; but if the hyperemia be prolonged, however slight in degree, the albuminuria gradually becomes persistent, owing to the permanent dilatation of the blood vessels, and tends to destruction of the kidneys. As in the eye the inflammation may be so severe that the eyelids cannot even be opened, or may be so slight that there is no indication of any hyperemia except under work; so here the inflammation of the kidneys may be so severe as to cease to work, as in acute nephritis, or so slightly hyperemic that it is only elicited under a stress of its circulation, such as arises in assuming the vertical position, undergoing active exertion, or partaking freely of food, which is a pathological condition.

A Salivary calculus.—Dr. George H. Pierce, of Danbury, Conn., reports the removal of a salivary calculus, which had been forming for twenty-seven years (*Med. Rec.*). A swelling was first noticed beneath the tongue, on the right side, of the gentleman from whose mouth the stone was removed, in 1864, at the time of his leaving the army. It had gradually increased in size until a tumor had formed which reached nearly to the level of the teeth, and was interfering with the speech. When I was consulted in November, the calculus had ulcerated through its enclosure at the top, which caused the gentleman some fear lest it might be a cancer. Upon inspection I thought at first of nothing but a simple ulcer, and proceeded to cauterize it with the solid stick of nitrate of silver. As I touched the surface I struck something hard like a stone, and upon further investigation estimated that it was about the size of a large marble. I made an incision along the upper margin of the tissues enclosing the stone, and extracted it without difficulty, by catching it with pincers. It lay loose in the tissues. Instead of being spherical the stone was oblong in shape, being $1\frac{3}{8}$ inch long in its greater axis, and $\frac{1}{2}$ inch in its lesser. It weighed sixty grains and was quite compact. The cavity healed in a day or two.

Atropine in Paralysis Agitans.—Hypodermic injections of atropine have been attended with encouraging results in the hands of M. Moretti in the treatment of that intractable and pathologically inscrutable malady, Parkinson's disease (*Lancet*). The dose used was $\frac{1}{2}$ to 1 milligramme, or about $^1/_{65}$ to $^1/_{40}$ of a grain. These injections repeated once every twenty-four hours, brought about a notable diminution in the tremors and a certain re-establishment of the motor powers. Thus, after the fifth injection, some patients were able to carry a glass full of fluid to the mouth, to move the hand steadily behind the neck, to bend the body forward, etc., all of which movements had for a long time previously been impossible. It was found, however, that in nearly every case the tremor returned when the injections were suspended. When continued, however, the amelioration was maintained, and the rem-

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edy is well borne for an apparently indefinite time. One patient received as many as a thousand injections, each of half a milligramme, daily.

Chromic Acid in Treatment of Cysts.—Dr. Doakes some two years ago suggested this method and, in a late number of the *Lancet*, Mr. Stewart records several cases of ranula and of cystic goitre successfully treated by this method. In the cases of ranula a por tion of the cyst was cut away, the contents washed out, and a saturated solution of chromic acid freely applied to several points of the cyst wall by means of a chromic acid carrier. In about a week this was repeated. In cystic goitre the cyst is tapped, and when hemorrhage has ceased the chromic acid solution is applied in the same manner as above through the canula. A much longer time and more applications than two or three will be required if the hemorrhage has not entirely ceased before the acid is applied.

Ununited Fractures in Children.—In a late number of the *Lancet* Mr. D'Arcy Power produced an analysis of sixty-three cases of ununited fracture occur ring in the long bones of children. He introduced his paper by a short account of the work already done in this field. He showed that no one had yet been at the trouble to tabulate the various cases of ununited frac ture which had been at different times recorded in med ical literature. He believed that until the publication of the valuable paper upon this subject by Sir James Paget in his "Studies of Old Case-books," the occurrence of of non-union in children had been almost wholly neglected. The conclusions arrived at by Sir James Paget were entirely borne out by the table which Mr. Power had collected. From a consideration of this table it appeared that cases of ununited fracture in children grouped themselves into three classes: the first in which the fracture was intra-uterine, the second in young children (often as the result of very slight violence), and a third class embracing the greater number of the cases which occurred in older children and in the usual manner. Of the thirty-six cases, five were in the clavicle, nine in the humerus, eleven in the femur, and thirty-eight in the leg. It was very remarkable that the author had not met with any recorded case of ununited fracture in the forearm, although numerically the statistics of fractures showed that the radius and ulna were more frequently broken than any other in a child's body. As regarded the sex, non-union occurred in twenty-five males and in thirty-five females; in three cases the sex was not mentioned. So few observers had noted the side upon which the bone was broken that the table was worthless to settle this point; but there seemed to be a general imprssion that non-union was much more frequent upon the left than upon the right side. At any rate, the point was worth noting for future observation. The results of the treatment of non-union were most unsatisfactory. Out of the sixty-three cases, bony union was obtained in six cases, in seven the patient was relieved, but in thirty-six cases the patient remained *in statu quo ante*. The author believed that ununited fractures were becoming more frequent than they formerly were, and he endeavored to account for this fact. He also pointed out how extremely rare non-union was in France, not in children only, but in adults of both sexes.

Speedy Cure of Influenza.—In view of the great prevalence of influenza the following is apropos. Mr. John Crerar states that, looking to the essential state of a severe attack of influenza, he concluded increased alkalinity was demanded and that this could be obtained by giving bicarbonate of potash. This salt has many advantages. It is not unduly stable to make it difficult to break up in the system. It is also readily eliminated, and thus soon leaves the system; so that the danger of potash poisoning is reduced to infinitesimal proportions. Having found this salt to answer all purposes, he has not looked for another, although, according to his theory, other remedies of a similar nature might easily give like results. He gives liberal doses (thirty grains) in a teacupful of milk every two or three hours. He adds a few drops of the tincture of capsicum, but this is not at all essential.

A word or two of caution. In two or three cases the action of the heart was weakened to an unpleasant degree; but digitalis and the aromatic spirit of ammonia quickly restored normality. Diarrhea also sometimes supervenes, but is effectually met by Dover's powder. In cases where weakness was induced by previous disease, or where some other disease was a concomitant, or where pregnancy existed, the action of the remedy was somewhat retarded, but not rendered by any means less certain. Where the salt was intermitted too soon, the symptoms returned; but they readily gave away again on the resumption of the treatment.

Megastoma Entericum as a Cause of Catarrh of the Stomach.—Dr. Mortz reports a case of chronic catarrh of the stomach where he found enormous quantities of *Megastoma entericum*, a species of infusoria, first described by Grassi (*Am. Mo. Mic. Jour.*). The Megastoma, belonging to the order of Flagellata, has a pyriform body, its anterior end being provided with a suctorial organ, at the bottom of which two nuclei were situated. Around the suctorial organ (peristoma) six flagella are seen, serving as organs of locomotion, while two other flagella are attached to the caudal end of the body. Besides these free forms, the Megastoma appears also in encysted, permanent forms, which are oval in shape.

The animacule lives in the small intestine, preferably in the upper portion, where it attaches itself to the mu cous membrane by means of the suction apparatus. In the stools the encysted forms are most frequent, and only in the more violent diarrheas free animals also make their appearance in larger quantities. It is sometimes found in patients who present no diarrheal symp-

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toms. Its expulsion, after it has become settled, is difficult. Quinine, hydrochloric acid, naphthaline, glycerine, and extract of male fern were used without result.

The Keeley Cure.—Dr. H. E. Whitsey writes to the *Medical World* that the following produces a mixture which comes very close to the much-vaunted one used by Keeley:

℞ Sodio-auric chloride, - - - gr.xij.
Ammonium chloride, - - gr.vj.
Strychnine nitrate, - - - gr.j.
Atropine, - - - - - gr.¼.
Extract cinchona comp. fluid, - ℥iij.
Extract coca fluid, - - - ℥j.
Glycerine, - - - - - ℥j.
Water, - - - - - - ℥j.

M. Sig.: Take a teaspoonful every two hours when awake. And the following hypodermic injection every four hours: $^1/_{10}$ grain of the chloride of gold and sodium and $^1/_{40}$ grain of the nitrate of strychnine.

This will produce the same symptoms and same results as the Keeley cure.

Epithelioma.—This malignant trouble is one which should engage the deepest thought and study of practitioners of medicine. As the *International Journal of Surgery* states: No one can doubt that the earlier an epithelioma is recognized, the earlier the task of the surgeon in removing it, and the greater the assurrance of the patient that it will not remain. The exact study of the characters of these neoplasms in their earliest stages is therefore of prime importance, and cannot be too deeply impressed upon the memory of the practi tioner, who is liable to meet tkem in their beginnings. The subject is an important one, for, as Dr. Gottheil says, the early diagnosis will make all the difference to the patient that there is between a small and easily cured defect, and a hideous malady that requires severe operative procedures, and may destroy organs and life.

Varicose Ulcers.—These are among the most troublesome that physicians are called upon to treat, and the following method will be found an excellent one in those cases where extirpation of the veins cannot be performed. The ulcer is washed twice daily with a 1-1000 bichloride of mercury solution, and immediately after each washing the ulcer is dried and sprinkled with aristol. A piece of gauze is laid over this, then a layer of absorbent cotton, and the leg is snugly bandaged from the toes up to the knees, with a flannel or elastic bandage.

Massage in Lead Poisoning.—Dr. G. Tedeschi (*Giorn. Intern. delle Sci. Med.*) reports a case of lead poisoning cured by massage after the usual treatment had failed. By this means he found that the urine was increased in quantity and the lead eliminated more promptly than by any other method he had employed.

Leprosy in Bokhara.—A quarter situated in the North-East of Bokhara is entirely peopled by lepers who live entirely apart (*Russkaia Meditz*). They have no physicians, nor do they want any. The lepers intermarry and produce descendants who become leprous from the seventeenth year on, there being no sign of the trouble in their bodies before that age. This contaminated progeny carries leprosy throughout Central Asia and beyond. To obviate the propagation of this terrible malady, the emir of Bokhara has decided, upon the advice of Russian physicians, to found a special hospital for lepers. He has obtained the services of the best specialists in this disease and has ordered the complete separation of the male from the female lepers to avoid the further propagation of the disease in the children which might be born. This does not seem to be in accord with the conclusions published formerly, that lepers were sterile, as a rule.

Modification of Chopart's Amputation.—Dr. Frank has devised the following modification of Chopart's amputation (*Deut. Med. Zeit.*). In a case of caries of the foot he incised the integument after the manner of Chopart. He then took up the tendons of the extensor digitorum communis, and at a distance of about an inch from the skin flap he cut them across squarely. The joints between the navicular and three cuneiform bones were opened from the median side and the cuboid sawed across. The os naviculare was perforated in one place and the cuboid in two, and through these holes the tendons were passed and sewed to the fascia plantaris. The healing was by first intention. The object of this operation is to secure good strong dorsal flexion of the foot.

Purulent Arthritis Without Microorganisms.—M. Debove reports that he recently observed a patient of 69, suffering from a purulent arthritis of the knee, the pus of which contained no microbes. Not only did microscopical examination show this, but experimental examinations as well. A simple aspiration cured the case. In a similar case, occurring in a man of 57, no microbes were discovered, but the patient died after having his joint tapped. It is but right to add that this latter subject was a diabetic. It follows from this experience that the absence of micoorganisms in purulent joint-affections is but one of the conditions governing prognosis, and that a number of other conditions should be taken into consideration.

Senile Dysuria.—M. Lannois in a recent work states that prostatic hypertrophy (*Bull. Med.*) is less a local tumor than one of the consequences of sclerosis of the urinary apparatus, a sclerosis which may itself be dependent upon general arterio-sclerosis. The prognostic and therapeutic conclusions which are derivable from this theory are naturally as devoid of encouragement as they possibly can be.

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New England Letter.

A wave of historical and biographical study is passing over the profession. Sons of the revolution and historical societies are popular, and physicians are gathering up old records and legends of the time-honored doctor of the last century. It is surprising how many old record, and account books, bills and scraps of history are found in the garrets of the descendants of physicians, in church and town records, and stories that have come down through the years. Books of prescriptions, and old medical books containing notes of remedies used, and shrewd remarks by the owners on stray leafs or margins. Dr. Brewster confined the annual discourse before the Massachusetts Medical Society entirely to a sketch of Dr. Thacher, the surgeon-general of the army in the revolutionary war.

It was a surprise to many of the younger physicians to realize that so eminent a man, who was really a great surgeon and physician, should be so little known to-day. The Connecticut State Medical Society will celebrate their centennial next May, in which nearly all the papers and addresses will relate to the medical men and medical practice in colonial days. A great deal of very interesting medical history will come to light. The records of the first postmortem known to have occurred in America has been found, and the first amputation and other operations concerning fractures and emergency cases, will form a part of these early records. The physician of the past century was a far more scientific man, in his circumstances and surroundings, according to these records than many of the present day. Particularly in New York and colonial times, where he occupied a distinct place in the community, with no one to fall back upon in trouble, he became a strong, self-reliant, clear, commanding thinker.

In striking contrast to those fascinating old-time histories is a topic that is profoundly agitating the surgeons of a large city and section of country.

An influential man was accidently shot in the abdomen. A ball from a toy pistol was somewhere in the peritoneal cavity. A counsel of older surgeons objected to exploratory incision and advised to wait for signs of inflammation or serious trouble before interfering. Younger and bolder surgeons urged an operation at once. Three days later symptoms of inflammation set in, and an operation was followed by death later. Soon after a debilitated inebriate received a gun shot wound in the abdomen, which was treated by prompt exploratory incision. The ball was removed, the intestines tied, and the man recovered.

A comparison of these two cases whose wounds were alike, created a great deal of comment which has extended to the press. Very active partisans defend either side with much acrimony.

Life insurance examinations is another topic of chronic interest. Can physicians make a thorough physical examination of an applicant for two dollars. The cheap companies insist that good medical men are to be found everywhere who will accept this pittance for such services. The old well-established companies are learning by experience that examinations by cheap medical men are dangerous. A study of the death claims show a sad failure to comprehend the nature and character of the risk, in the statements of examiners. While the technicalities are right, clearly something is wrong with the judgment of the examiner.

The grippe and diphtheria are very prevalent, but less fatal than formerly. The former is less actively medicated with new remedies, and more expectant treatment is used. The latter is more thoroughly isolated, and treated as a contagious disease. Mercury seems to be the favorite remedy.

All the New England medical schools are well filled this winter; the new students are of a higher grade each year; that is, they come with more prliminary training. This is hopeful for the future, but sad for the poor pessimistic doctor, who feels that all recruits to the ranks means smaller income and more difficult living. The new fields of medicine are not in sight, and new methods of prevention and treatment are shadowy unrealities that irritate and threaten. Thus the night comes down on his life, and only in another world will he see clearly.

T. D. C.

Boston Letter.

Influenza.—While this disease is present in an epidemic form, in this vicinity, there are by no means so many cases as were met with during the previous years, and the seriousness of the epidemic is much less than formerly, comparatively few fatalities being reported. This can undoubtedly be accounted for in part, by the fact that the severity of the last years' epidemic alarmed the community to such an extent that earlier treatment is possible. The disease as seen this year is much the same as formerly, being characterized by a rising temperature for two or three days, malaise, pains, at times severe, referred particularly to the legs, back and head; cough that is more or less distressing, and which lasts well on into the convalescence; profuse expectoration toward recovery; and quite marked prostration, making the convalescence slow. Some of the cases this year have begun with gastro intestinal disturbance, vomiting and diarrhea being symptoms during the first day or two. Another class of cases commence with a sore throat, and the pharynx and soft palate are found covered with a filmy deposit resembling incipient diphtheria, and making an absolute diagnosis for the first day or two impossible. Still another class of cases are

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accompanied by a troublesome urticaria with wheals of large size and remaining for a day or two. The treatment is largely symptomatic. Phenacetine seems to be the most satisfactory drug for the control of the pain, and alkaline diuretics and diaphoretics in the early part of the disease, when the temperature is elevated, give relief.

DIPHTHERIA.—In a paper read before the Suffolk District branch of the Massachusetts Medical Society a short time ago by Drs. W. H. Prescott and Joel E. Goldthwait, 392 cases of intubation and 139 cases of tracheotomy were reported, the percentage of recoveries boing decidedly in favor of intubation. To these were added cases collected from various sources, and out of 2,815 cases of intubation and 23,941 cases of tracheotomy, 31.9% recovered in the former, and 28.6% in the latter, showing that the choice between the two operations, so far as statistics go, is very slight, intubation being a little more favorable, but requiring on the other hand a more skillful operator than does tracheotomy. Careful feeding and free stimulation were strongly urged, but aside from this no special form of treatment was recommended, except that corrosive sublimate given freely seemed to be beneficial.

In Explanation of the Case of Joseph McEvoy.

It would serve no rational purpose to answer in full the paper which Dr. Shaw published in the REVIEW December 26, 1891. The scientific aspect of it was set tled long ago, and the result of a thorough examination and of an operation was published in the September number of the *Amer. Jour. Med. Sci.*

It has been suggested to me by friends to pass the attack in silence. But in order to avoid misinterpretation which absolute ignoring might give rise to, I ap pend the picture of the patient as he appeared when the paper was being written, about three months after the operation, requesting the reader interested in this matter to compare it with those accompanyihg Dr. Shaw's article.

True, Joe does not look like an elegant beau on this photograph, but he has the appearance of a useful citizen. This improvement was legitimately set down as the result of the removal of a cavernous angioma by Dr. N. B. Carson.

Great hopes were entertained at the time the picture was taken of still further favorable progress. These hopes have not been realized, as stated in a paper read by me before the St. Louis Medical Society, October 10, 1891, and published in the WEEKLY MEDICAL REVIEW, October 17, 1891.

Descending degeneration which was found from the outset got in its work and, after months of amelioration, spasticity and helplessness of the patient progressed. The distinct seizures, however, resembling the Jacksonian type, which were so prominent a feature before the operation, did not reappear as long as he was at the Mullanphy Hospital. This is the uniform testimony of the physicians and attendants at that institution. They could never be demonstrated.

The object of this communication is to simply refute the assertion made by Dr. Shaw, that the present state of McEvoy is the result of the operation.

A discussion is precluded by the different platforms on which my aggressor and I relatively stand.

The intimations, strictures and charges are sufficiently answered by the tenor of Dr. Shaw's paper.

L. BREMER, M.D.

The Conversion of Animal Heat into Nervous Energy.

To Joule is due the honor of placing on a scientific basis the relations of heat and work. Since heat is always consumed when work is performed, or in other words, converted into work, and as the work performed by the animal body differs in no particular from other forms of work, I shall, therefore, endeavor to show the relation between animal heat and the internal work

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performed by the body, more especially that of mental labor.

Taking the view that in mental action some form of energy is transformed, and that the molecular motion of the cerebral matter is increased, and if such an increased molecular motion occurs, force is of a necessity required to overcome the molecular attraction; and where this is overcome, heat always disappears, led me to conduct an investigation with a view to ascertain, if possible, the relation between mental action and animal heat.

My plan was to first carefully take the rectal temperature and then record it; then pursue the investigation of some subject which required hard study for an hour or an hour and a half and then take the temperature. By this plan I have found that a fall of temperature always occurs during mental action, provided that the time and study be sufficiently long and intense. The length of time required for a fall of temperature to occur is never less than three-quarters of an hour, and during the first half hour the temperature may even rise to a slight degree. When this occurs, I think it is due to this: That in the action of all the organs of the body heat is consumed, and to the fact that during mental action, if it be sufficiently intense, the functions of all the other organs of the body, except the brain, are less active, and the amount of heat that they would otherwise have consumed, may produce a rise of temperature. The amount of the fall of the temperature will vary according to the length of time engaged and the intensity of the action of the brain.

The following is a partial record of my investigation: June 1, 9 A.M., beginning of investigation; rectal temperature, 99.8° F. After studying one hour, temperature 99.4° F.; 11 A.M., after resting one hour, temperature 99.8°F. June 1, 3 P.M., at beginning of observation, temperature, 99.8° F.; 5 P.M., after resting, temperature, 100°F.

June 2, 10 A.M., at beginning of investigation, temperature, 99.4° F.; 11 A.M., after one hour's study, temperature 99.2°F.; 11:30 A.M., after resting quietly, temperature 99.4° F.

June 3, 9:30 A.M., beginning of investigation, temperature 99.6° F. After one hour's study, 10:30 A.M., temperature 99.2° F.

June 3, 8:30 A.M., at beginning of investigation, temperature 99.4° F.; 9:30 A.M., after studying the intervening time, temperature, 99.2° F.

June 5, 10:30 A.M. beginning of observation, temperature 99.2° F.; 11:45 A.M., after studying intervening period, temperature 98.8° F.

I think this record of observations justify the conclusion that in mental as in all other work, there is an intimate relation between work and heat; and mental work is no exception to the law that "Where work is performed heat disappears." To remove any doubt that might occur in my previous observations, on June 25 I remained quiet all morning; breakfast at 7:30; 8 A.M, temperature 99.2° F.; 8.30 A.M., temperature 99° F.; 9 A.M., temperature 99° F.; 9:40 A.M., temperature still 99° F. Having found that my temperature did not fall below 99° F., I began studying at 12 o'clock; after two hours and twenty minutes' study, I again took my temperature, and found it to be 98.8° F. I then ceased mental labor, and sat quietly for half an hour. Then taking my temperature again I found it had risen to 99.1° F.

In order to demonstrate that in mental labor the temperature of the body falls, it is necessary to first determine whether the temperature tends to rise or fall without any external case. This can generally be determined by the time of the day, if no sleep has been lost for two or three nights previous.

I have always found that the temperature rose from 5 or 6 o'clock A.M., to 12 o'clock, and then remained stationary until 5 or 6 P.M., when it begins to decline. When it is found that there is no tendency of the temperature to fall without any external cause, all that is necessary as proof of my theory is the study of some subject capable of producing mental fatigue in an hour or two. I have always found my temperature reduced when I was mentally tired.

Again, if from any cause the temperature was as low as 98.7° F., that mental action would not reduce it any lower, but it would remain at that height as long as mental labor continued. Having, as I believe, shown that heat is transformed into mental or nervous energy, it follows as almost a demonstrated fact that the same is true of the functions of all the other organs of the body. Additional force is lent to this theory by all of the different functions of the body being under the control of the nervous system.

To explain this, take, for example, the action of food in the stomach causing an increased secretion of gastric juice. The food acts as a stimulant to the nerves supplying the stomach. This stimulation in all probability by the force of molecular attraction causes a change to take place in the molecular motion of the nerves, which liberates a force that is conveyed from the nervous center that presides over the secretion of the gastric juice. When this force, which is energy in one of its various forms, reaches the stomach it acts on the molecules of that organ and the result of the change in molecular motion is the secretion of the gastric juice.

A. D. BARR, M.D.

CALAMINE, ARK.

Lactation Induced by Massage.—The patient had had four children, and had never been able to suckle any of them properly (*Frauen Artzt*). On this, the fifth occasion, the breasts were quite undeveloped, and allowing the child no suck the dry nipples caused the mother great nervous irritation. Massage was practised, the breasts steadily increased, and on the seventh day the child was suckled. She was delivered in September, 1890, and in February, 1891, five months later, the mother was still suckling her child, and both were doing well.

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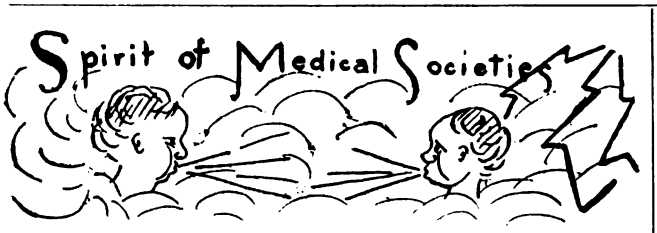

Suicide with a crust of Bread and a Piece of Wood.—Romillard reported to the Paris Society of Legal Medicine the case of a successful suicide by means of a crust of bread and a small piece of wood. The patient was affected with general paresis and during an attack of hypochondriacal delirium he succeeded in producing two wounds in the fourth and fifth intercostal spaces of the left side, by means of these objects. The wounds were sufficiently deep to tear the pericardium and produce a rapidly fatal hemorrhage.

Vicarious Menstruation.—Dr. C. B. Kerley presented to the New York Academy of Medicine (*N. Y. Med. Jour.*) a young woman who menstruated at at regular periods through a cicatrized opening in the neck, the aperture being situated at about the level of the thyroid gland, though there was no apparent connection with that structure.

Dr. C. S. Cole cited a case in which profuse hemorrhage had occurred from the bladder, coincident and varying in quantity and duration with the vaginal flow. The urine would be chocolate-colored and characteristic of blood coming from some point distant from the bladder itself.

The Chairman was inclined to consider the condition under consideration as in some way connected with the thyroid gland, which sometimes enlarged during menstruation. Still there seemed to be no appearance or history of such enlargement in this case. Three instances of vicarious menstruation had come under his immediate notice. One woman had menstruated from the nose every twenty-eight days, the vaginal discharge being extremely scanty. This person was now twenty eight years old, married, and a mother. She had acquired the abnormal habit at the age of sixteen. Another woman had menstruated in part from the umbilicus. At each period her underclothing in contact with the navel became stained with blood. The speaker had been unable to demonstrate the actual aperture, but considered the condition to be one of oozing from sudoriparous glands. Another case was one of intermittent hematuria occurring not at each menstrual epoch, but always coincidently with menstruation.

Dr. G. M. Edebohls cited the case of a girl, æt. 27, who lost blood from the stomach every month. The hemorrhage then ceased and did not recur until the next menstrual epoch. This patient had suffered from purulent salpingitis on both sides, but whether this had anything to do with the condition he did not know. He had also another girl, æt. 18, under his care who at each menstrual period developed an eruption on the cheek which was always of a definite shape. It was a crescentic, well-marked flush, covering an area of an inch and a half. It took the type of a vesicular eruption, but no blood was lost from it unless it was scratched.

Dr. H. N. Vineberg mentioned the case of a hysterical girl patient of his who was subject at the menstrual period to a thin sanious discharge from the nostrils, which continued for two or three days.

Backward Displacement of Uterus and Sterility and Abortion.—A paper on this subject was recently read before the Obstetrical Society of London by Dr. G. Ernest Hermann. The paper was based on an analysis of 3641 consecutive cases in the London Hospital obstetric out-patient department. The author compared cases of backward displacement of the uterus with those in which this displacement was not present. His conclusions were as follows:

1. That backward displacement of the uterus has no appreciable influence in the production of absolute sterility.

2. That backward displacement of the uterus is associated with a small amount of relative sterility.

3. That this association is chiefly in the later years of the child-bearing period.

4. That backward displacement of the uterus has no appreciable influence in favoring the occurrence of habitual abortion.

5. That it is associated with a tendency to abortion, but that this tendency is not so great as that produced by some other causes.

6. That the tendency to abortion associated with backward displacewent of the uterus is chiefly in the later years of the child-bearing period. The auther did not think that mechanical conditions were sufficient to explain these facts. He regarded the displacement, many of the symptoms associated with it, and the relative sterility and tendency to abortion, as alike manifestations of a condition of the general health.

Varicose Ulcers.—Quite an interesting discussion has been going on in regard to this subject at the Societe de Chirurgie of Paris. Cerne regards extirpation of the veins, by excising them, as the best method of curing varicose ulcer. Felizet states that the principal object to be attained is the suppression of venous tension which Dolbeau accomplished by means of an incision around the ulcers, and about a half inch from its border. No hesitation was shown in cutting veins across. Reymer favored extirpation of the varicose veins, having seen the happiest results follow this operation. Yet he did not regard it as affording a radical cure. Lucas-Championniere made multiple ligatures of the veins. One of the cases upon whom he had operated in this manner had had no relapse in ten years. He stated that a radical recovery could not be obtained if the operation was only partial.

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Epithelioma of Stomach.—Dr. John Caven presented a specimen of epithelioma at the cardiac orifice of the stomach, with secondary growths in the liver, to the Pathological Society of Toronto (*Canad. Pract*). The specimen presented a clearly excavated ulcer, about 1¾ inches across and circular in shape, close to the esophageal opening into the stomach. The border of the ulcer was much thickened and indurated with a very sharp outline. A slight puckering of the coats of the stomach is noticeable from the outside. The ulcer is situated in the lesser curvature of the stomach, and so close to the esophagus as to raise the question of place of origin. The cardiac orifice was not in the least contracted, and apparently the lower border of the esophageal mucous coat can be distinctly differentiated from that of the stomach and is not implicated in the ulcer. Microscopic specimens tend to confirm the idea of the stomach origin of the growth. Secondaries in great number were present in the liver; these showed an attempt at gland formation with columnar epithelium. Clinically, this case was peculiar in that no symptoms pointing to the stomach or liver had ever been observed, a hemorrhage from the bowel being referred to the lower part of the intestine.

Dr. Peters thought the evidence was not clear that it did not originate in the esophagus, as its edge apparently reached the lower end of the esophagus, and it may have spread from that point along the lesser curvature.

Function of the Supra-renal Capsules.—At a recent meeting of the Paris Biological Society, MM. Abelous and Langlois record that the bilateral destruction of the supra-renal capsules was observed to cause speedy death in the frog, preceeded by paralytic phenomena (*Laneet*). The blood of the animal injected into another of the same species, and in which the capsules had also been previously removed, determined toxic phenomena. It is suggested, in consequence, that the supra-renal bodies may have for function the neutralising or the removal of a poison resulting from the physiological activity of the tissues and nutritive exchanges.

Orbital Hemorrhages in Young Children.—At a recent meeting of the Ophthalmological Society of the United Kingdom, Mr. Holmes Spicer read this paper. These hemorrhages occur beneath the periosteum in the course of infantile scurvy, a disease generally known as scurvy rickets. The subjects were hand-reared infants, generally between 6 and 18 months of age, who had been brought up mostly on "infant foods." After a period of ill-health, spontaneous hemorrhage came on beneath the periosteum in various parts of the body, sometimes, but not always, during the course of an attack of rickets. In the orbit the hemorrhage occurred in two forms, either as a line of blood-staining at the orbital margin, or as a large effusion producing displacement of the eye and distension of the upper lid; the form which the hemorrhage assumed was due to the anatomical disposition of parts in the orbit. The hemorrhage subsided rapidly at first, but did not disappear entirely, the eye was left prominent for many months. The treatment was essentially that of scurvy; in addition to the ordinary food, juice of fresh meat, a little fruit or vegetable, cod liver oil or cream should be given. The slighter cases recovered rapidly, the more serious ones were slow in progress and often fatal.

Implantation Cyst of the Cornea.—At the same meeting Mr. Treacher Collins showed an eyeball removed from a boy, æt. 12, one year and nine months after a perforating wound of the lower part of the cornea by a stick. Situated partly in the cornea and partly in the sclerotic, at the seat of injury was a large cyst measuring 9.5 millimeters laterally and 5 millemeters antero-posteriorly. This was found microscopically to be lined by laminated epithelium, the most flattened cells being toward the interior of the cyst. Since no epithelium existed normally in the parenchyma of the cornea, Mr. Collins thought that the only explanation of the formation of this cyst that could be offered was that it had resulted from the implantation of a portion of the surface epithelium into the substance of the cornea, and that this epithelium had subsequently grown and proliferated, some of the cells undergoing mucoid degeneration, thus forming the fluid contents of the cyst.

Suture of Cornea and Sclera.—At a meeting of the Medical Society of Kottbus (*Deut. Med. Zeit.*), Dr. Fromen presented a patient who had the cornea of the right eye cut by the explosion of a beer bottle. The sclera, choroid and retina were also included in the cut which was diagonal in direction. Despite the fact that the wound, which gaped at every movement of the eyeball, was left 12 hours without any antiseptic dressing, the reporter sewed the wound of the cornea and sclera and was rewarded by seeing an uninterrupted recovery so that at the time he presented the patient, three weeks later, the wound was closed and vision was partially restored.

Ovariotomy.—At the same meeting Dr. Turka presented an ovarian cyst, weighing 20 pounds, which he had removed a few weeks previously from a girl of 20, who had been looked upon as being pregnant. The contents of the cyst were sanguinolent, this being probably due to a twist of the left pedicle by which the left cornu of the uterus had been turned forward. The remarkable circumstance in connection with the case was that, at the first examination, there was a notable quantity of albumin in the urine, which disappeared a short time before the operation was performed, and did not reappear after.

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Dr. Charles Lewis has been permanently appointed to the position of physician to the St. Louis Workhouse.

Medical Faculties in U. S.—There are in the United States and Canada forty-seven medical faculties which admit students of both sexes, and nine for women only.

The Societe de Biologie, of Paris, has elected the following officers for 1892; President, Brown-Sequard; Vice-Presidents, Laveran and Regnard; Secretary, Dumontpallier.

The International Medical Magazine has been announced by the Lippincotts, of Philadelphia. It will be a monthly which will cover the whole field of the medical sciences and includes a department on legal medicine.

The Society of Hypnology, of Paris, which was founded in 1889 has been the recipient of the sum of 800 francs to found a prize to be awarded to the best work treating of hypnotism or physiological psychology.

Dr. F. H. Sim, the well-known editor of the *Memphis Medical Monthly*, has been suffering from detachment of the retina and choroiditis for the past two years. The left eye, which was the one affected, was removed recently with a good recovery.

Dr. Fereol, a distinguished French physician, died last month in Paris, aged 66. He was a hard worker and popular with the profession. His contributions to medicine were numerous and valuable. He had passed a brilliant examination in law before he began his medical studies.

Dr. Leon Tripier died at the comparatively early age of 49 recently. He was one of the most brilliant men of the Faculty of Medicine of Lyons in which he held the chair of Clinical Surgery. He had already achieved brilliant results both in practice and in his contributions to medical literature.

The Pest-House, of Newark, N. J., is claimed by Father Holland, who has been attending the small-pox patients, to be worse than the disease itself. The place is an old tumble-down barn, and one of the first patients to die, gave up the ghost, so it is claimed, while a stream of water ran on him from a hole in the roof.

Prof. Krause has resigned the chair of anatomy in the University of Goettingen.

The Balneological Congress will hold its fourteenth meeting in Berlin March 10–13, 1892, Dr. Liebreich presiding.

Late Maternity.—A woman, aged 59 years and 5 months, was recently delivered of a boy by Dr. Derasse, of Liege, Belgium.

A Surgeons' Association of the B. & O. Railroad is in contemplation. The early completion of such an organization would unquestionably be of mutual interest to both the company and its corps of surgeons.

The Eastern Opium Trade.—A Chinaman named Cheong Hong Chang has gone to London to try to influence public opinion on the evils of the opium trade. He is said to be well educated and to speak English fluently.

A Doctor, shot in the streets of Richmond, Tex., last December furnished quite a mass of local excitement. The unfortunate man was a young physician, Dr. Allen, whom his slayer Matt Dunlevy accused of having made disparaging remarks about his daughter.

A Notable Event in Washington society circles was the marriage of Dr. Paul Thorndike, of Boston, to Miss Rachel Sherman, the youngest daughter of General Sherman. Quite a notable gathering was present to witness the ceremony, which took place on December 30, last.

Tuberculosis.—Arthaud places the period of incubation at two months. The disease may be taken by anyone who is predisposed thereto who works with consumptives in poorly-ventilated rooms or shops, or even by riding in tightly-closed railway cars with sufferers.

A Dentist in Pittsburg, Dr. W. S. Yates, administered an anesthetic to a patient on December 30, and a few minutes later the patient was found to be dead. It is supposed that it was heart disease which proved fatal. The anesthetic used is not mentioned in the accounts furnished.

Assassination of a Doctor.—Dr. Wiley Wirt Reeves, Superintendent of the Austin, Texas, Insane Asylum was deliberately shot and instantly killed on December 29, last. The murderer was Henry Purnell, of Austin, at one time an inmate and, later on, assistant storekeeper of the Asylum. He was discharged some time since by the superintendent and returned with a double-barrelled shot-gun to kill Dr. Reeves. The latter was a native of Virginia. He graduated at New Orleans and came to Texas in 1870. He leaves a wife and five small children. The murderer gave himself up to the authorities claiming that he was sane.

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Prof. Palasciano, who taught surgery in Naples, recently died at the age of 76. He was a well-known author on his chosen branch.

The Gazetta degli Ospitali will appear three times a week in 1892 instead of twice as formerly. It will be issued every Tuesday, Thursday and Sunday.

Dr. Benno von Steinmetz, who has been in the St. Louis City Dispensary for the past five years, tendered his resignation on account of the increasing demands of his practice.

Annals of Ophthalmology and Otology is one of the late arrivals in the field. It is a quarterly of 74 pages published in Kansas City and edited by Dr. James P. Parker. This journal is devoted to practical ophthalmology, otology, laryngology and rhinology.

Hypnotism and Crime seem to be becoming closely united, as in at least a dozen recent criminal cases the defendants have claimed to have acted under hypnotic influence. Yet the old insanity dodge is still the best for general purposes, and gives the experts better opportunities to disagree.

Dr. J. A. Thacker died last month of pneumonia, having had the week previous symptoms of grippe. He was a physician of more than ordinary attainments and was of a studious habit of mind. His age probably acted as a bar to his recovery. He founded the *Cincinnati Medical News* many years ago and published and edited it up to the time of his death.

The Removal of the *Times and Register* to Chicago is thus definitely settled by itself: A change in the location of this journal has been under advisement for some time; but the opposition to it on the part of our subscribers and advertisers was so determined, that the project has been given up, and the publication office will continue in Philadelphia as heretofore.

A Pretended Quack was recently arrested in Astern, Saxony. The prisoner was a shoemaker who had advertised an infallible cure for corns. When summoned to court he promptly responded. A demand was then made of him to produce his wonderful specific. The culprit brought in an enormous sack full of shoes so made as to take pressure off the corns and he was acquitted without prejudice.

Quintuplets.—Dr. Geo. C. Mosher, writing to the *Medical Record*, says that in 1882, while practising at Findley, O., a case came to his knowledge of a quintuplet birth, three of the progeny breathing but a short time, and the other two surviving some months. This case occurred at the County Poor Farm, and the husband of the woman was at the time classed as "totally disabled," on the Government rolls, being nearly doubled from rheumatism.

Dr. Bardeleben, the well-known Berlin professor of Surgery celebrated his 50th anniversary as a physician on Dec. 15, last.

To Preserve Rubber Tubes.—For this purpose they should be kept in water containing sea-salt in solution in small quantity.

Dr. Winter, for many years the editor of *Schmidt's Jahrbuecher*, celebrated recently the 50th anniversary of his entrance in the medical profession.

Grippe still prevails to an alarming extent all over the country. The daily papers contain accounts of its prevalence and, in addition to this, the mortality directly or indirectly due to it has assumed alarming proportions raising the annual death-rate in the larger cities to a degree which is almost unprecedented.

A Christian Science Case.—The daily papers state that Clarence Lay, of Burlington, Iowa, a 12 year old boy had an illness lately and his parents would permit no physician to attend him. They called in a local "healer" and the lad failed steadily. An hour before his death a physician was called. The latter refused to sign a death certificate and a coroner's inquest will be held. The City Attorney proposes to investigate the case thoroughly.

He Wants His Body Back.—A man in Massachusetts was very hard up some twenty years ago, and was glad to sell his body, to be delivered at death, for ten dollars. Since then, however, he has made a comfortable fortune, and now wants to buy back the deed of his body. The former purchaser is reluctant to sell for any small amount, holding off for a rise, and it is now only a question of how much the man thinks his corpse will be worth.—*Ex.*

A New Archive of Berlin Hospital Work is in contemplation. The heads of the four hospitals founded by the city of Berlin have resolved to publish an annual analogous to the "Clinical Annual of the Prussian Universities," founded by Dr. von Gossler. Professor Hahn, of the Friedrichshain Hospital, and Dr. Paul Guttmann, of the Moabit Hospital, have undertaken the editorship. It will be published by order of the magistrates of Berlin.

A Needle in the Arm.—A St. Joseph, Mo., physician states that he has removed a needle embedded in the left arm of a young lady. It appears that she accidentally swallowed a medium-sized needle some six years ago. There was no pain until a few days previous to its removal. At this time the arm became swollen and painful. It is believed that the needle which was removed is the same one which was swallowed, and if so, constitutes another case to add to the numerous collection of such examples of the migration of needles.

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Dr. T. B. Freeman, living near Chillicothe, Mo., was fired upon on Dec. 31, by some unknown person, presumably to suppress his evidence in a case now pending. The doctor escaped narrowly as one of the shots fired at him grazed his whiskers.

Medical College Courses.—The following is the time requirement in medical colleges in various Countries: Austria, 5 years; Belgium, 8; Canada, 4; Denmark, 7; England, 4; France, 4; Holland, 8; Hungary, 5; Italy, 8; Norway, 8; Portugal, 5; Russia, 5; Spain' 2; Sweden, 10; Switzerland, 8; United States, 3.

Death After Chloroform.—An inquest was held at Newcastle on the body of a married woman, æt. 45, who had chloroform administered the previous day for a dislocation of the shoulder, which was successfully reduced at the Newcastle Royal Infirmary, after which she returned home and fell asleep. On her husband attempting to arouse her an hour later he discovered that she was dead. The jury found that syncope was the cause of death after chloroform properly administered. This is an interesting case which goes to show that the lethal influence of chloroform may not manifest itself for a comparatively long period after all danger is supposed to be past.

The International Dermatological Congress will hold its Second Session in Vienna Sept. 5-10, 1892. M. Kaposi is the President and G. Riehl the General Secretary. All those intending to participate and who desire to obtain a copy of the rules of the Congress are to address the Secretary as follows: $^{1}/_{20}$, Bellariastrasse 12, Vienna. The titles of the papers, etc., are to be addressed to the same.

All those desiring to exhibit works, drawings, photographs, models, instruments, specimens, etc., are to address Dr. Hans Heger, I., Stefansplatz 8a, who has this matter in charge. A charge of 10 francs or 8 marks ($2.00) is made per square metre to cover expenses of arranging, guarding and insurance.

An Important Decision.—In 1885 a Mr. Hartt' who had been a patient at the New York Hospital, brought suit against that institution for alleged ill result following an operation performed upon him by Dr. W. T. Bull, one of the surgeons to the hospital (*Med. Rec.*). The suit was tried before Judge Barnard and a jury at White Plains, the question being as to whether the surgeon had performed the operation skillfully or not. A verdict was rendered in favor of the hospital.

During the past year the plaintiff brought another suit, on the same grounds, against Dr. Bull. This suit came before Judge Morgan J. O'Brien, the defendant's counsel, Mr. Austen G. Fox, putting in the plea that as the suit had already been brought against the hospital and had failed, the plaintiff had no standing in court, his case having been finally disposed of.

Leprosy in Japan.—According to the native journals there has been a great increase in the number of lepers in that country in recent years, and considerable alarm is felt on that account.

Ninjin better known as ginseng is thus commented on by Dr. T. Inoko (*Sei I-Kwei Med. Jour.*): This is one of most important medicines in the Chinese pharmacopea, and appreciated as the "king of Chinese drugs." There are several varieties among which the Corean product is the best. Chinese doctors strongly recommend it as a stimulant and tonic, but my clinical experiences do not agree with them. If it be, however, used continuous for a long time there will be seen some improvement in general nutrition. By its long continuous administration some cerebral congestion will be produced. Dose, 4 to 10 grammes a day as decoction.

St. Louis Medical Society Committees.—According to custom, Dr. Walter Coles, President-elect of the St. Louis Medical Society, announced the following standing committees for the year 1892, on January 2, last:

Executive Committee: Drs. A. V. L. Brokaw, H. C. Dalton, and E. C. Burnett.

Committee on Ethics: Drs. J. M. Scott, F. J. Lutz, and T. A. Martin.

Committee on Elections: Drs. F. D. Mooney, F. A. Glasgow and Robert Barclay.

Committee on Publication: Drs. W. L. Blickhahn, G. W. Homan and Geo. E. Atwood.

Library Committee: Drs. H. Hickman, Y. H. Bond and R. J. Stoffel.

Influenza in Australia.—According to the *Australasian Medical Gazette* influenza has visited Australia with a prevalence and severity besides which the epidemic of 1890 appears insignificant. Apart from the increased mortality, it is apparent that during the past few weeks very serious losses in time and money have been suffered by the community—losses not easy to estimate perhaps, but none the less real. The result has been that the public clamor to be informed of some "cure" for it, and are inclined to grumble because the medical profession has not discovered a specific of the required kind. No well informed person, however, acquainted with what is known as to the mode of spread of this diseuse, believes that if such a cure were at hand it would have the least practical power to stay the epidemic. Epidemic diseases of all kinds are notoriously easier to prevent than to arrest by curative treatment. The true course to take with them is to study the conditions under which they arise, spread and become prevalent; when these facts are more or less thoroughly revealed prevention becomes possible, and the means of cure are seen to fall into their proper place—that, namely, of expedients by which those cases which have arisen in spite of preventive measures may, perhaps, be saved from the more serious dangers of illness.

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The Tenement-House Inspection by the New York Sanitary Police, completed Nov. 1, shows 38,358 tenement and smaller apartment-houses, of which 1,391 are rear houses. They contain 276,365 families, embracing 1,225,411 individuals, of whom 160,708 are children under five years of age. The larger apartment-houses, or family hotels, not included in this enumeration, amount to 149 and contain 2,476 families, embracing 9,793 individuals.

Homeopathy.—The following amusing item is contributed by a correspondent of the *Pulte Quarterly*: About six months ago I had a case of cracked nipples. A woman, midwife, attended her, and the third day after confinement a "raw" appeared on the right nipple, and on the next day one appeared on the left. These epithelial abrasions soon became long, deep cracks, extending around the nipple near the base; also across the crown, and accompanied with excessive soreness and sharp lancinating pains whenever the child nursed. I prescribed belladonna at first, then graphites, sulphur, hepar sulphur, nitric acid, silicea, and sepia, and kept the ulcer clean and dry, but it kept getting worse. A nipple shield was used, but with little benefit. I used graphite cerate but it got worse. I used calendula cerate but still it got worse. I then resorted to what I believe to be a specific in these cases, and that is to clean the ulcer and dust it over with dry calomel twice a day. I did this in this case, and in two days the ulcers were well and no untoward symptoms followed.

Condemned to Hang.—On January 2 a jury found a verdict in the celebrated murder case which has occupied so much of the general public's attention, and which was tried in Denver, Col. Dr. T. Thatcher Graves, who is to suffer the death penalty, was a prominent physician of Providence, R. I. He was charged with the murder of Mrs. Josephine Barnaby, widow of J. B. Barnaby, a wealthy clothing dealer. Graves had gained the confidence of the woman and had persuaded her to contest her husband's will. She was successful and thereupon entrusted to the doctor the management of all her property at a salary of $5,000 a year. Last spring, while Mrs. Barnaby was sojourning in Denver, she received through the mail a bottle supposed to contain whiskey. It was labeled "From your friends in the woods," and was at first supposed to have come from a family with whom Mrs. Barnaby had lived in the Adirondacks a year before. She drank from the bottle and died a few days later. At the trial it was proved that the liquid contained arsenic, and that Mrs. Barnaby's death was caused by arsenic. The handwriting on the bottle was shown to be that of Dr. Graves. Her will gave him $25,000. She had become dissatisfied with him, and shortly before her death was contemplating getting a new manager. These facts, together with other evidence against Dr. Graves, led to his arrest, trial and conviction.

Undertaker (to youth who is lighting a cigarette): "That's right. You smoke the cigarettes; we do the rest."

You cannot take salt with a psalter.
Nor measure a volt with a vaulter;
Shake grates with a greater,
Hang gates with a gaiter,
Nor cure a bad halt with a halter.

An Unbroken Spell.—A celebrated German physician was once called upon to treat an aristocratic lady, the sole cause of whose complaint was high living and lack of exercise. But it would never do to tell her so, so his medical advice ran thus: "Arise at 5 o'clock, take a walk in the park for one hour, then drink a glass of tea, then walk another hour, and take a cup of chocolate. Take breakfast at 8."

Her condition improved visibly, until one fine morning the carriage of the baroness was seen to approach the physician's residence at lightning speed. The patient dashed up to the doctor's office, and on his appearing on the scene she breathed out:

"Oh, doctor, I took the chocolate first."

"Then drive home as fast as you can," ejaculated the astute disciple of Esculapius, "and inject the tea with a syringe, for the tea must be at the bottom."

The spell was not broken.

Amulets.—"You are too young to know anything about it, my boy, but before such delightful and excellent temples of learning as Haverford College Grammar School were dedicated to Wisdom in the country places, your old father can recall the time, when if there was any rumor of whooping-cough or scarlet fever or anything of the sort in the neighborhood, every child in the district was at once decorated as to the neck with a little flannel bag—not unlike an Indian's 'medicine bag,' containing brimstone and asafetida. This amulet was believed—"

"Believed?"

"It was known to ward off fevers of all kinds, coughs, colds, croup, pleurisy, eczema—horn all, quarter-crack, spavin, ringbone, blind staggers, and spring halt. And when we all got together and sang the opening hymn in a small room made tropical by the burning fiery furnace of a Franklin stove, heated 'one seven times more than it was wont to be heated,' the effect was appaling. How the teacher of that day ever lived I don't know. He must have had a nose like a winter radish. I suspect that in self-defense he wore an amulet himself."—*Exchange.*

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Intermittent Fever.—W. R. D. Blackwood, M.D., Philadelphia:

℞ Quinia sulph.,
Cinchonidia sulph. - - aa gr. cxx.
Ext. cannabis ind.,
Ext. belladonna, - - aa gr.xv.
Piperine, - - - - - gr.xxxij.
Acid arsenious., - - - gr.iij.

M. Et in pil. No. 60. div. Sig.: One four times a day.

Pruritus.—Dr. Brubaker recommends the use of the following preparation for pruritus:

℞ Acid hydrocyanic. dilut., - - ℥ij.
Sodii borat, - - - - - ℥j.
Aquæ rosæ, - - - - - ℥viij.

M. Sig.: Use as a lotion.

Laryngeal Diphtheria, according to Rosenberry, should be treated with the following (*Med. Rec.*):

℞ Ol. eucalypti,
Ol. terebinth, - - - - - aa ℥j.
Ol. vaselini, - - - - - - ℥vj.

Sig.: Use in a steam atomizer every half-hour.

Acute Bronchitis.—Dr. H. C. Wood recommends the following (*Med. and Surg. Rep.*):

℞ Potass. nitrat., - - - - - ℥j.
Suc. limonis, - - - - - ℥ij.
Syr. ipecac., - - - - - ℥ss.
Syr., - - - - - - ℥vj.

M. Sig. A tablespoonful four to six times a day.

Diabetes Mellitus.—Delafield gives the following (*Med. and Surg. Rep.*):

℞ Acidi arseniosi, - - - gr.$^{1}/_{30}$
Ipecac pulv., - - - - gr.$^{1}/_{50}$
Rhei pulv., - - - - - gr.$^{1}/_{50}$.

M. Sig.: To be taken three times a day.

Menthol in Itching.—Dubreiulh recommends the following formulæ for pruritus (*Lancet-Clinic*):

℞ Menthol, - - - - ℥1¼–℥ijss.
Ol. amygdal. dulc., - - ℥iijss.

M.

℞ Menthol, - - - - gr.xv–℥1¼.
Zinci oxidi, - - - - - ℥ijss.
Adipis,
Vaselini, - - - - - aa ℥vj.

M.

If used on excoriated surfaces reduce the amount of menthol.

Putrid Exhalations from the Stomach and Intestines.—The following is said by a writer in *l'Union Medicale* to be of the best in putridity of the stomach and intestines:

℞ Bismuth salicylat.,
Salol,
Magnesiæ (Husband's), - aa ℥ijss.

M. Et fiat. pulv., No. 30.

Salines should be added in order to secure the expulsion of toxines from the intestines.

Relief for "La Grippe Sufferers.—If it were better known that Hot Springs, Ark., was a heaven for mankind when suffering from "La Grippe," those afflicted with it would buy a ticket via Iron Mountain Route, and spend a wesk or ten days at this famous resort reached from St. Louis in Through Buffet Sleeping Cars. Write H. C. Townsend, General Prssenger and Ticket Agent, St. Louis, for descriptive pamphlets and further information.

Grippe.—The latest telegraphic advices are that grippe is epidemic everywhere. Throughout the Eastern States it is prevalent to a fearful degree and the mortality traceable to this affection is simply appalling. The extent of the epidemic may be estimated when we consider that in Quakertown, Pa., out of a population of 2.300 not over 200 persons escaped. At Williamsport and Reading the coal mines and railroad shops have shut down for lack of men to work them. In Connecticut 75% of the population is suffering from the disease.

In the County of Kent, England, several persons who were suffering from grippe and who had frequented public places were charged with violating the law. They were convicted and each fined £5.

The Review Visiting List.—We would call the attention of our readers to the advertisement of the Weekly Medical Review Pocket Reference Book and Visiting List. This book has been arranged and compiled entirely with the object of filling every need of the physician as an emergency assistant as well as a convenient account book; and we believe the aim has been fully accomplished, the arrangement being on the well-known perpetual plan. It is handsomely bound in leather and will last indefinitely without showing signs of wear. One feature which will commend it to practitioners is the extremely low price at which it is published, 75 cts. See advertising page xii.

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MEDICAL REVIEW.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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What Shall We Prescribe?

A peculiarity of the current of medical thought and opinion is the fact that occasionally there occur waves which have more or less force and effect. In 1846 a certain course of action was adopted and it was promulgated as the only true guide for the physician. It became the written law of the profession and is known to day as the "Code of Ethics," as it was then. It has remained unchanged and, in many respects, it has not kept pace with the advances made in medicine and the general progress which has marked the intervening period of time. Among the prohibitory clauses of this document is one which declares it to be derogatory to professional dignity to prescribe any patent or secret nostrum, or patented medicinal preparation.

Upon inquiry it has been found that the interpretation of this clause is not so clear as one could wish. Some who claim to know whereof they speak, declare in no hesitating terms that *all* the so-called proprietary remedies come within the purview of this clause. Others declare that such remedies as have their exact formulæ printed do not; but, that those for which only a general formula is given do. And so on, hairs being split with the consummate skill of the learned metaphysician.

In the face of these opinions, confronted by these different ex-cathedra dicta, the practitioner may well ask himself what is he to prescribe? For instance, he has found a certain combination valuable; he has furthermore found its composition uniform, its effects good, and its administration easy. Will he quietly stop using it because some one declares that he cannot reproduce it? We hardly think so. He is not engaged in the manufacture of medicines. He knows a good thing when he has used it, and he has neither the time nor the inclination to busy himself with so profitless a task as to deprive others of making a legitimate livelihood.

There is one point in conection with proprietary remedies which is of vital interest to the physician—he should know something of the composition of the remedy he administers. He is not asking too much when he asks for this, and he is simply endeavoring to place himself upon a surer footing. By requiring the formula he is enabled to use some judgment as to the methods he should pursue. So far as the manipulations and process in manufacture are concerned, he neither cares nor wishes to be annoyed by them. He is not engaged in that business, and all he desires is uniformity of composition and of action.

Of course, those manufacturers who give the exact formula are furnishing all the information that can be required, and those who give a general formula give all that is desired. For example, the Dios Chemical Co. gives the exact formula of neurosine and the combination is found to be a valuable one; the Phenique Chemical Co. gives the ingredients of Campho-Phenique and its chemical formula. Yet, strange to say, what it takes these manufacturers a long period of time to produce in the proper manner, some druggist expects to put up in ten minutes, and when he is unsuccessful, as he always is, he complains of the incompleteness of the formula, as given; or, he does what is more common, he substitutes. We do not wish to say anything derogatory to the pharmaceutical profession as such, but we know that there are druggists unscrupulous enough and so short-sighted as to endeavor to foist substitutes upon patients. If adulterating foods be a crime, adulterating remedies assuredly is a greater one.

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Physicians should see to it that what they call for is dispensed, and they should look upon it as a duty to protect the manufacturers who furnish formulas of their preparations. These should be especially protected by the physicians, although many manufacturers there are who furnish reliable and uniform preparations, the formulæ of which are not published. It is to the interest of these, as well as of the others, to furnish that which is demanded, and they are also entitled to their share of protection.

The question of the physician, "What shall we prescribe," is easily answered. That which in your judgment and experience is the best for the patient. If you think that a certain proprietary remedy is indicated, prescribe it, and see to it that the patient receives what he was ordered, and not a counterfeit of it, or "something equally as good" at the hands of the dispenser of drugs. While we may deprecate the largely increasing number of proprietary remedies constantly springing up, each one has its particular sphere which it is competent to fill. Each one, as a rule, is the result of thought and experience coupled with more than ordinary pharmaceutical skill. Remedies are, by this means, rendered not only more palatable, but, without doubt, more efficient. All such components as may deteriorate with age find themselves combined whilst fresh and active, and this in itself is a valuable aid in proving the therapeutical action of these remedies.

One word to the manufacturers. They will find it to their interests, as well as to those of their patrons, to publish their formulæ in full. Those who have not done so already are numerous and have been successful; but those who have done so have reaped a richer reward. A firmer bond of union has been established between them and the physician; and strange as it may appear, it engenders a greater feeling of confidence in the latter even though he has entirely forgotten the formula. Just as it is in the case of the compound cathartic pill, U. S. P., whose formula is easily accessible and which is not known by one physician in a hundred.

So it will be with proprietary remedies. Once divulged, the formula is forgotten, and the constant use and application of these remedies show this very fully. But the attempt to cry down these preparations, the efforts to belittle them, and the vain essays to discountenance their use is as amusing as the fact that those who attempt these things and use patented products like antipyrin, is absurd. In conclusion, we would advise all to hold fast to that which is good, and strive to find more that is equally valuable. Prescribe those things which you think will help your patient and profit by the knowledge so gained. *Docet experientia!*

Proprietary Remedies.—In our leading editorial in this issue we have alluded to proprietary remedies and we find the following confirmatory testimony in the letter of "a prominent physician" to the editor of the New England *Medical Monthly*: Believing as I do, that an intelligent physician should adapt his remedies to the case before him, and that in order to do so, if he uses a compound it must, as a general rule, be the child of his own brain, every ingredient in which must have a direct adaptation to the case for which it is compounded, I am, on general principles, opposed to the use of the many proprietary compounds with which the drug market of the present time is flooded; and many of which are, as I believe, in too general use by physicians. But I have found, among these proprietary articles, one which I have used somewhat extensively for the last year, and which has given results so eminently satisfactory that, if it were removed from the market, I should be at a great loss to know how to fill its place in treating the diseases for which it is recommended.

Jealousy Among Doctors.—Jealousy should not dwell in the bosom of doctors, naively observes the *Western Med. and Surg. Reporter*, which goes on to state that doctors are human, which has been demonstrated in many ways, from the days of Hippocrates to the present time, but our observation has been that the inordinate amount of jealousy attributed to the profession does not exist among those who are highest in attainments, but it usually emanates from men of small professional acquirements, or those who have been so narrowly endowed by nature that they cannot allow themselves to expand sufficiently to get above the petty things of life. A man may not be as well educated in his profession as others, and as a practitioner be far in advance of those who may be considered his peers, but as a rule it arises from the fact that he is simple and pleasant in his manners, ready to do all for his patrons that can be done at all times, and under all circumstances, and has the power of keeping under his feet the inordinate amount of egotism and jealousy that his competitors may possess. This we call one of the highest endowments that a doctor can have, and shows that he is evenly balanced and is ready to take advantage in the right way of everything that comes up. Some physicians show their egotism in their walk and the stiff manner in which they hold themselves. To see them passing upon the street looking into the distance beyond, one can at once see they are very much "stuck on themselves." The bow or slight recognition given to those whom they know, is so cold and icy that most men shudder on receiving it. Then these physicians wonder why they do not succeed. It costs nothing to be polite, genial and liberal in recognition, and even the child loves to receive attention from his fellows who are older and wiser.

Early Treatment of Syphilis.—The Memphis *Journal of the Medical Sciences* states that a very prevalent custom among physicians is to place patients on constitutional treatment as soon as venereal sores are discovered, thereby masking the disease, delaying the diagnosis, and clouding the title to disease in after life. No disease is more protean in character than

syphilis, none whose manifestations may occur so unexpectedly during any period of life, none more subtile, than it at times in its behavior, and its influence may assert itself over almost any disease to which man is subject. With rare exceptions it is due every patient with venereal disease to know its nature—to know if it be local or constitutional; and, if it be syphilis, to have its character explained. In obscure disease, where absence or pre-existence of syphilis is the decisive question, how often is the physician baffled by the statement that a venereal sore in earlier life was cauterized and treated constitutionally to prevent the possible development of syphilis! No patient with a venereal sore should receive constitutional treatment until its syphilitic character has been clearly demonstrated. It takes but a few weeks for syphilis to declare itself, and this period of waiting, during which lack of treatment entails absolutely no danger or harm, can be very readily tided over, if the importance of doing so be explained to the patient; or, should importunity for treatment require that something be done, a *placebo* may be given. What is still better is to place the patient on general tonic measures which will materially aid the patient to resist the inroads of the disease and will satisfy him without the necessity of entering into agonizing explanations.

Our Readers will please note the fact that we are giving them a weekly full of live practical medical notes and, at the same time, keeping them abreast of the latest medical advances. We propose to give them everything worth having that is possible within our limited space, and we believe that they cannot show their appreciation any better than by inducing their brother practitioners to subscribe for the REVIEW.

Regents' Examination.—There is occasionally such a thing as getting too much of a good thing. The Brooklyn *Medical Journal* comments on the New York Regents' preliminary examination as follows, and it is an indication to what abuses this so-called examination can be put:

In the Regents' Examination which was held in September to determine whether would-be medical students possessed sufficient elementary knowledge to begin the study of medicine, the following task was set in English Composition: "Write a letter, consisting of at least six sentences, giving directions to a patient in the care of himself during convalescence." We submit that the knowledge necessary to comply with this direction is not of an elementary kind; indeed we know of nothing which calls for the exercise of better judgment or which demands a greater experience than to be able to advise one who is recovering from an attack of sickness just what he should do and what he should avoid. Then, too, directions to a patient convalescent from a disease of the respiratory organs would vary greatly from those which would be applicable to one who had recently suffered from a disease of the digestive apparatus. The Examiner has, unconsciously, perhaps, but not the less truly, imposed upon a set of young men who know nothing of medicine, and less of hygiene, a task which would be no easy one for a full-fledged doctor, and one which even such a one could not intelligently answer without more data than are furnished him in the Regents' papers.

Increased Circulation is the best evidence of the esteem in which a medical journal is held, and of the demand there is for it. The books of the REVIEW show that it is steadily increasing the number of its subscribers, and we expect to see this increase become still more rapid as it reaches more readers. Doctors can tell a good thing as soon as they see it.

A Secretary of Public Health is the subject of a petition which was recently circulated by a committee appointed for that purpose by the American Medical Association at its last meeting. A Department of Public Health, it is claimed, is as much of a necessity for the public welfare as that of agriculture, and it is of as much practical value in its applications. We are of the opinion that such a department properly conducted would be a credit to the country and of inestimable value to its citizens. The proper protection of the United States from foreign invasion of disease and the prompt suppression of epidemics and other matters pertaining to the public health are certainly as important as any of the questions the government has to deal with, and should receive careful and prompt attention. For this reason every physician interested in the subject should signify his adherence to this plan, and forward such intimation to Dr. Comegys to the address given in the department of *Items of Interest* of the REVIEW. The REVIEW is heartily in favor of the plan, providing that it fulfills its purposes and is not made a mere political machine.

Eye-Droppers.—Dr. D. Coggin states in Boston *Med. and Surg. Jour.* that for an eye-dropper, experience for some years has convinced him that nothing is better, on many accounts, than a teaspoon. Patients are told to pour some of the liquid into the spoon and then to pour it back into the phial, that a drop will remain on the tip of the spoon which can then be dropped on the inside of the lower lid, which is to be held down while winking takes place, and the eye water is thus largely absorbed.

The danger of infection should always prevent the use of an old medicine dropper. An alarming phenemenon has been noted by several patients who have come to him, because of widely dilated pupils. On inquiring, it was found that a dropper had been used in treating a slight conjunctivitis that years before had been employed in an iritis. It is almost impossible to remove atropia from an old dropper, that is, from the rubber nipple.

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Treatment of Uterine Tumors.—Dr. C. A. L. Reed formulates the following conclusions (*Am. Gyn. Jour.*) in regard to this question:

1. All persistently hemorrhagic cases of uterine myomata, of whatever variety, should be advised to early operation.

2. In young subjects with multi-nodular tumors giving rise to alarming hemorrhage, the appendages should be removed, when practicable, as an alternative for total extirpation. But the latter operation should be done whenever the character of the growth will permit of its removal by dangers less than those which would be involved by its continued existence.

3. To those tumors already recognized as demanding operation, should be added those of uterine development that are liable to dangerous constriction by the uterine walls and in which their destruction by this means might induce sepsis.

4. All cases of subserous growth, indolent, yet progressive in character in which the tumor has become a menace to neighboring organs, should, whether hemorrhagic or not, be advised to exploratory incision with reference first to removal of the appendages, or second, of the neoplastic organ.

5. All growing tumors occurring in women beyond the menopause should be removed, if possible, by vaginal total extirpation, or, if that be impracticable, by abdominal section.

6. All distinctly operable cases demanding interference should be advised to submit to operation at the earliest practicable moment.

Operating for Hepatic Abscess.—Dr. Neil Macleod has had a large experience in this class of cases. He gives the following as his method of operating in hepatic abscess, which he claims to be a very successful one (*Brit. Med. Jour.*): Instruments, skin, etc., being rendered aseptic, an aspirating trochar and canula are passed, preferably at a point chosen where dulness is absolute, and where there may have been stitch-like pain felt or friction heard. If in a case there has been no such pain or friction, the first step in the operation might be an abdominal incision to search for adhesions or to examine by sight the liver surface for evidence of multiple abscesses, if these be suspected. If pus be found on aspiration, a knitting needle then introduced through the canula into the abscess and tilted forward, upward, backward and downward, and measurements made of how far the needle can be passed in these various directions, will determine if the point of exploration be fairly opposite the center of the cavity, failing which another point is chosen from the data thus afforded, and the process repeated. When a satisfactory point is thus obtained, a large trocar and canula are entered thereat; the trocar is next replaced by the director, and the canula withdrawn. A single vertical incision about an inch in length, through superficial and deep sutures, is then made, Lister's sinus forceps passed down the groove of the director into the abscess, its blades opened and then withdrawn, and if necessary a dressing forceps used in the same way. Through the opening thus made the drainage-tube, with the guiding tube in its interior, is slipped into the abscess threaded on the director, which is then withdrawn along with the guiding-tube, and a safety pin passed through the holes in the outer end of the tube as a guard. After the pus has ceased to flow, or does so but slowly, a dressing is applied. At each dressing the director probe can be passed into the abscess to ascertain the degree of contraction, and used as a guide for slipping in a fresh tube, which will thus enter the cavity each time with ease and certainty, and without pain, a consideration which will be valued by those who have had frequently to pass large rubber tubes through intercostal spaces. He has tried both glass and rubber tubes, but prefers those of metal. Dry antiseptic dressings have been used with all these cases.

With regard to early incision, he has had no successful result that he could attribute to this cause, while he has had to regret opening these abscesses too late. Moreover, he believes that every single hepatic abscess, provided the general condition of the patient is fair, ought to recover, if opened early, drained thoroughly, and kept aseptic.

Treatment of Pneumonia and Bronchitis.—Dr. C. R. Illingworth writes, in the *Satellite*, the following: Iron, is, in my opinion, of paramount importance. Deficient aeration leads to deficient fibrination of blood and increases the danger of effusion. Effusion, indeed, is the cause of death, not extension of inflammatory action. The cyanosis and abundant secretion testify in this direction. "Capillary bronchitis" thus becomes a misnomer." It is "bronchitis with effusion." Pneumonia, with the supervention of bronchial symptoms and abundant secretion, and named "broncho-pneumonia," is, in fact, "pneumonia with effusion." In these pathological conditions it is that iron is of such signal service. With the first signs of their onset, I drench the system with full and frequently repeated doses of the perchloride, and omit every drug that has any effect in preventing coagulation of blood, such as ammonia and soda compounds. The effect is rapid and good; expectoration rapidly diminishes, and soon stops almost entirely. When the pulse is very rapid, I give from 5 to 10 minim doses of digitalis with the iron; but more care is required with this drug in bronchial than pneumonic cases, as in these there is greater debility of the heart, and consequently greater susceptibility to the action of a drug so power-

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fully depressant as digitalis. In all cases it should be omitted when the pulse has fallen to 60. Indeed, with a very feeble pulse, belladonna should be given in its stead. It is in the inflammatory chest disorders of the aged and the drunken that the iron treatment is most frequently indicated. The compatibility of acetate of ammonia with iron is an indication of the advisability of employing that drug as a diaphoretic in beginning treatment.

Massage in the Treatment of Scleroderma.—Prof. Breda used massage in treating a patient in whom a diffused eruption of sclerodermic patches was present over the whole body after a long attack of rheumatism (*Monatshefte fuer Prakt. Dermat.*). Sixty-five sittings were given, resulting in the perfect cure of the scleroderma. The general health of the patient was also greatly benefited at the same time.

Eclampia Nutans (Infantile Convulsions) Cured by Massage.—Eclampsia nutans is a name given by Sir Charles Clarke to a singular kind of convulsion in children, characterized by a peculiar bobbing forward of the head; sometimes also called Salaam convulsion, from the Arabic salaam, a salutation of respect in the East (*Reporter*).

Dr. Z. Meirelles, of Quissaman, relates (*O Brazil Med.*) a case of eclampsia nutans, in which he claims to have effected a complete and permanent cure by an impromptu method of what he calls cervico-dorsal massage. The patient was a boy between 4 and 5 years old, who a few days previously had begun to suffer from well-marked salaam convulsions. The nodding movements were clonic in character, the head being bent forward and slightly rotated to the right, and were continuous, following each other with great rapidity, except during sleep, when they ceased.

It occurred to Dr. Meirelles that irritation along the spine might have some effect in "re-establishing the equilibrium of the circulation in the centers of origin of the motor nerves whose dynamic functions were affected." He, therefore, rubbed the spine with his knuckles from above downward, and *vice versa* with great rapidity and considerable force, from the cervical to the middle of the lumbar region, making greater pressure in the cervical and dorsal regions than elsewhere. After about a minute of this, the movements of the head stopped. They soon began again, but a repetition of the same kind of massage once more checked them, and the little patient could not only keep his head still, but could move it in any direction in obedience to the commands of Dr. Meirelles. He was kept under observation in the consulting room for two hours, during which there was no recurrence of the movements.

Two months afterward there had been no recurrence of the convulsions. This was the first and only case of the kind that Dr. Meirelles had ever seen.

A patient of my own had been hemiplegic for several months. Tremor set in the paralyzed arm, and had lasted for several months when, one day, immediately after a few minutes' percussion on ths arm, the tremor ceased entirely and did not return again. One does not forget such a striking occurrence as this.

The cases of writer's cramp and allied affections in which Wolff obtained the best results were those in which spasm and tremor were the most prominent symptoms.

I knew a hysterical lady who fainted often. On one occasion when she was the guest of a strong-minded woman who did not believe in such performances, she was about to faint. Her hostess seized her by the shoulders and gave her a vigorous shaking, and told her that she would not have any such nonsense in her house, and there was not. The controlling action of the will, the inhibitory influence of the brain and the lower centres was aroused. A spanking on a youngster acts in the same way when accompanied with appropriate suggestion in the imperative mood. D. G.

Remarkable Case of Ascites.—One of the most remnrkable cases of ascites has occurred in a man of 78 who lives in Monticello, Ill. If the accounts which are given are to be believed he has been tapped 278 times, with an average of 13 pounds of water removed each time. This makes a total of 3,614 pounds, or about 450 gallons. The man is gradually growing weaker, being confined to his bed, and there are no hopes entertained of his recovery.

Hematuria Due to Fatigue.—Hematuria is a symptom which is observed in a number of distinct affections, that caused by malaria being not uncommon in the South. The variety reported by Dr. M. Lannois (*Lyon Med.*) appears to be very peculiar in its nature. He observed it in a marble-worker, of 32. The trouble had existed since he was 9 years old. Whenever he indulged in prolonged walking, or in any efforts which induced fatigue, hematuria was observed. Simply desisting from the exercise was followed by a disappearance of the symptoms. Slight albuminuria was detec ed. The hematuria was no doubt caused by a transitory renal congestion, which caused rupture of a few vascular loops, and the consequent presence of blood in the urine. Whilst the albuminuria would indicate some slight organic lesion, its exact nature could not be determined.

Lung Tuberculosis Cured.—Dr. Gottstein states (*Deut. Med. Zeit.*) that in September, 1890, he was consulted by a man who had tuberculosis of the lungs since 1889, and who had lost a child in 1390 from tubercular meningitis. At the time of examination the man had bloody sputum and prolonged moist rales in the left apex. The fever was 102.2° F., and the sputum was rich in tubercle bacilli. Since that time the patient has gained 35 pounds in weight, and for more than a year he has attended to his duties as a telegrapher, without having any cough or expectoration.

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The cure was occasioned by the patient sojourning four weeks at a medical resort in the mountains. Upon his return he had gained 19 pounds. Later on, during a vacation of three weeks, his weight increased 13 pounds more. There is no mention made, however, as to whether tubercle bacilli still existed in the sputum, so that the conclusion that the patient was cured is not proven, although it may be probable.

Cecal Concretion of Medicinal Origin.—Mentin, of Warsaw, relates that he found, upon post-mortem examination, in the cecum of a woman, who had suffered from an intestinal catarrh during her life-time, a large, greyish, friable concretion. It was composed of 85% of subnitrate of bismuth and 15% of organic matter. This woman had taken subnitrate of bismuth for a long time; so that the concretion was an enterolith of medicinal origin.

Effects of Climate on Man.—In a paper on American climates and their physical effects on man Dr. P. C. Remondino says (*Sanitarian*):

The climates of the valleys of the Ohio, of the Mississipi and of the Missouri are said not to be kindly to our race. Although the Mandans, the Sioux, Illinois, and other Indian tribes were specimens of a strong and healthy physique, there are tell-tale statistics and personal experiences and observations that inform us that the average man does not now have the same chances in the race for health and long life in these valleys as he has elsewhere. Beard, in his instructive work on American Nervousness, notes that the State of Illinois contains more cases of that neurotic manifestation known as hay-fever than all of Europe combined. Men do not die of primary neurotic manifestations, but these do bring about such functional and organic disturbances that, in the end, like a piece of shoddy cloth, those who possess them soon go to pieces. The physician is only called upon to treat the developed disease. The laity do not understand that there is a long and slow system of approach on the part of disease, and that they should not wait for it to become intrenched before attempting its defeat; like to an army, it should be attacked while on the march. We are too heedless of the distant picket firing which denotes the approach of the enemy, and depend too much upon our physical strength.

Reproductive Functions of Indian Women.—Dr. T. J. Crofford states (*Memphis Jour. Med. Sc.*) that Indian women in the savage state undergo less physical suffering in connection with the reproductive apparatus than do civilized women. They menstruate, bear children and pass the menopause with the minimum of discomfort, as a rule. This is due to three causes:

1. Natural or racial insensitiveness compared with the far more sensitive Caucasian.
2. Abundance of exercise.
3. Life in the open air.

Civilized life, with its complex conditions, will always present obstacles to the performance of the functions peculiar to women with the same ease with which they are experienced by savages, and when Indian women exchange the savage for the civilized state, they must necessarily adopt also some of the ills which are inseparable from the latter.

Septicemia and Putrid Intoxication.—Dr. R. R. Kime gives the following as the leading features in these conditions (*Atlanta Med. and Surg. Jour.*):

SEPTICEMIA.

Due to entrance and multiplication of microbes and development of leucomaines.
Due to germ life and its reproduction.
Contagious.
Inoculable from case to case.
Blood contains germs similar to those introduced.
May be produced by various germs.
May be produced by the fraction of a drop of the virus containing septic germs.
May be produced by the virus from the exanthematous fevers.
Erysipelas.
Surgical fever.
A previous septic case.
Gonorrhea.

PUTRID INTOXICATION.

Due to absorption of putrefactive alkaloids called ptomaines.
Due to absorption of chemical products.
Not contagious.
Not inoculable.
Blood does not contain germs.
Produced by ptomaines, the result of putrefactive bacteria only.
Requires absorption of sufficient chemical products to produce toxic effects similar to toxic doses or poisonous medicines.
Never produced by virus from exanthematous fever.
Never caused by erysipelas.
Never due to surgical fever.
Never follows a previous septic case.
Never caused by gonorrhea.

Digitalis in Large Doses for Pneumonia.—There seems to be a change taking place in the therapeutics of pneumonia. According to the *Medical Age* the latest contribution to the subject is that of Tikl, of Vienna. His results have been most gratifying. This distinguished practitioner has made, up to the present time, 61 carefully studied observations, of which 47 were cases of fibrinous, and 14 of lobular pneumonia. All these cases were exclusively treated with large doses of digitalis. Only one death occurred out of this number, giving, therefore, a mortality of only 1.65%, a gratifyingly low figure. In the whole series of these cases, some disagreeable, but not fatal, symptoms were observed; in two, there was a moderate collapse; in twelve,

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vomiting; in four, an intermittent pulse; and in a few, slight diarrhea. These effects, however, disappear on the suspension of the drug, after which the good results come on rapidly. Tikl prescribed, during 24 hours, 3 grammes (gr. xlv) of the digitalis in 200 (ʒl) grammes of water in the form of infusion. According to the author, digitalis shortens the period of the disease, and causes it to assume a benign character. From the 2d to the 3d, or, at least, the 5th day, the temperature begins to decline and pari passu with this phenomenon there is a gradual decrease in the cardiac rate, together with a marked amelioration of the general condition of the patient.

These observations of Tikl coincide with those of Petresco, and it would seem as if in the use of digitalis, in the quantities indicated, we have a most valuable method for the successful treatment of pneumonia; a method, in fact, superior by far to all others.

Compound Iodine Wine.—Under the name of vinum iodini comp., Dr. Jos. B. Potsdamer (*Med. and Surg. Rep.*) has had a mixture prepared, each teaspoonful of which contains phosphorus, gr. $^1/_{100}$; iodine, gr. $^1/_6$; bromine, gr. $^1/_6$; with aromatics and sherry wine. This preparation is very palatable, neither of the drugs being perceptible by the sense of taste. The dose is from thirty drops to a teaspoonful three times daily. A boy of nine can very well bear twenty drops.

The first series of cases in which the remedy was used, was those of chronic bronchitis with acute exacerbations. In all the cases, without any exception, the cough disappeared rapidly. Most of these patients had been treated on previous occasions by the usual routine treatment but the difference was so marked as to at once attract the attention of the sufferers. The expectoration in these cases immediately began to diminish in quantity and to improve in appearance.

In cases of hard dry cough without any material physical signs continuing for some time, the cough was arrested in short order by the prompt administration of the remedy.

Cases of nasal catarrh, particularly those with reflex cough received marked benefit from the use of this combination.

The last stage of acute bronchitis which at times is difficult to eradicate promptly, was quickly dissipated by the use of this remedy.

Lately he has been treating cases of subacute and chronic gastritis by this means with apparently equal success. From observations made thus far, he expects to have as good results with this class of cases as with those of the air passages.

Salicylic Acid as a Diuretic.—After a series of investigations on this subject, Huber concludes that salicylic acid is one of the safest and most important diuretics. The greatest increase in the amount of urine seems to occur in rheumatic fever and serous pleurisy, whether the temperature is raised or not. In all cases the total loss of water by the skin and urine was increased, and the solids of the urine were increased. In ordinary pleurisy, and in four cases of cardiac dropsy the drug acted well.

Placental Site and Corpus Luteum.—Dr. J. H. Raymond reports (*Brooklyn Med. Jour*) that in three autopsies which he has witnessed, in which death occurred immediately after confinement, he has observed that the site of the placenta was on the side of the uterus opposite to the ovary in which the corpus luteum of pregnancy was found. In two instances the corpus luteum was in the left ovary and the placenta was attached to the right side of the uterus; in the third instance, the attachment was on the left side and the corpus luteum was in the right ovary. If others have made similar observations we should be glad to receive a report from them, and would request those who may hereafter have opportunity to investigate the subject further to communicate to us the results.

How to Treat a Cold.—Always with respect; for although in ninety-nine times out of a hundred it will get well—after a while—anyhow, if neglected, the exceptional time it may prove fatal, says Dr. T. P. Corbally (*Sanitarian*).

An old physician of our acquaintance informs us that whenever he happens to take cold himself he promptly treats it with opium, and vigorously. If the cold is sudden and severe, and starts off with a flowing nose or tender throat, he takes two one-grain pills at the outset; if the running at the nose continues, at the end of an hour he takes another pill. He rarely has occasion to take a third dose to arrest it for several hours, and sometimes the arrest is complete. But good care during the time and for several days thereafter is requisite, as relapse is easily excited. If, however, the watery secretion of the nose begins again, and as often as it so returns, he takes another pill and one hourly, if necessary, to keep it subdued, with the result of very rarely having a cold last over forty-eight hours, and all the while he is able to pursue his business as usual, never the worse for the opium.

But opium does not so kindly act on all persons; some are wholly incapacitated from work by it, and would sooner take the risk of a cold for three weeks without it than its effects for forty-eight hours.

After-Pains.—The following directions are given by Dr. E. Curtis Hill (*Denver Med. Times*) who goes on to state that these annoying little after claps are caused by contractions of the womb on account of imperfect retraction by reason of retained clots, membranes, or placenta, or simply from a large atonic uterus having been emptied too rapidly. They therefore occur most frequently in multiparæ, who have shorter and easier labors than do primiparæ, and consequently the womb does not have time to retract as it should. A good preventive of these pains is the manipulation of

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the womb for an hour or so after the completion of labor, until it assumes the hardness and contour of a base-ball. Ergot is also useful in preventing the formation of clots if administered every few hours in small doses; quinine is likewise helpful. For more alleviation of pain paregoric is an old and valued remedy; it should be given q. s. but not ad lib.

A Large Child.—Dr. Thomas Hill writes the following to the *North Carolina Medical Journal*:

On the night of the 20th November, at 11 o'clock, I was called to see Mrs. H., living seven miles from here. When I reached the house I found a stout, healthy woman, in good circumstances, 23 years of age, weight 130 pounds, in labor with her first child, though about twelve months before she had had a miscarriage at about the third month. The mouth of the womb was dilated about the size of 25 cent piece; pains not very severe; head quite high up, though I could make out the presenting vertex. I gave 15 grains of chloral and waited. At 3 o'clock A. M. pains were good; mouth of womb dilated and bag of water about forming. Things went on in this way until about 2 o'clock the next morning, when the water broke. Presentation vertex R. O. A., and pains good, but no further descent of the head occurred for more than an hour, when at 9½ o'clock I applied the forceps, and after a time delivered the head, without rupture of the perineum, but on the passage of the shoulders there was a slight rupture. As soon as possible I weighed the child and found it 15 pounds full weight. At this date mother and child are both doing well.

Acne.—Fournier gives the following as a treatment for acne. In cases of a moderate degree of severity the following is applied at night and permitted to remain until morning:

℞ Sulfuris loti, - - - - - ℥iij.
Spts. camphor., - - - - - ℥j.
Aquæ destillat., - - - - - ℥vijss.
M. Ft. lotio.

In rebellious cases applications of oil of cade, of tar, or of black soap should be made. The black soap is applied every night like an ointment, for five consecutive days at the most. The soap is permitted to remain until morning when it is removed with hot water. In such cases a dermatitis is produced which must be treated with emollients. In this manner the irritating emollient preparations are alternated for five or six weeks. A good emollient ointment is the following:

℞ Zinci oxidi,
Bismuthi subnitrat., - - aa gr.xij.
Ung. aquæ rosæ, - - - - - ℥j.
M.

Treatment of Whooping-Cough.—Dr. Kniaziolucki believes that internal drugs act only symptomatically, not influencing the course of the disease (*Satellite*); but local applications, however among them the insufflation of pulvis benzoes into the nostrils, and inhalation of carbolic-acid solution (50%), take first place, and act most successfully on the course of whooping cough and the violence of the attacks. Inhalations of 50% solution of carbolic acid he applies in this manner: He saturates a piece of linen with this drug, placing it above the child's bed so as to cover, at a certain distance, the child's head. The course of the disease is mild; the attacks diminish very often directly; complications are rare and slight; the duration of the disease is from two to three weeks. In the discussion of the paper Dr. Murdzinski mentioned that all remedies in the treatment of whooping-cough give more or less unsatisfactory results. On the contrary, from his own experience, he claims that children cough more if they lie under a sheet saturated with a 50% solution of carbolic acid. According to him, only pure air has any marked influence on the mild course of the disease. Dr. Drzewiecke, according to his own experience, affirms the efficacy of pure air on the violence and number of attacks. Children in the open air hardly cough at all for some hours, whereas indoors the attacks appear every hour or half-hour. Tobacco-smoke especially increases the frequency of attacks.

Nitro-Glycerin in Angina Pectoris.—This is by no means a new method but the method of treatment will bear repetition. Dr. Capozzi gives the following as an efficient manner of administering the remedy. The following mixture is employed:

℞ Alcoholic solution of nitro-glycerine 1%, - - - - - gtt. xxx.
Distilled water, - - - ℥lxxv.
M. Sig.: A teaspoonful is to be taken three times a day and later on a tablespoonful.

This makes the initial dose about $^1/_{150}$ grain and the later one $^4/_{150}$ grain.

Heredity of Crime.—The heredity of crime seems to be almost a determined fact, if we are to judge of the studies of criminals and their descendants which have been made. The most thoroughly investigated case is that of the notorious Jukes family, of the State of New York. It appears that seven hundred and nine of the descendants of Margaret Jukes have been convicted of crime. The offenses ranged from petit larceny to murder. The cost to the State has amounted to one and a quarter millions of dollars. Margaret Jukes herself was a well-known criminal and is said to have transmitted her tendencies to her descendants.

Pigmentation of Pediculosis.—Pediculi corporis, or body lice, as has been shown by Greenhair and others, frequently give rise to brown spots upon the skin and the color is often rather dark in shade. Not only this but the mucous membranes share in this pigmentation thus closely simulating Addison's disease. In fact, the pigmentation of the mucous membranes was regarded as a pathognomomic sign of disease of the

supra-renal capsules, but cannot be looked upon in that light any longer.

Pediculi pubis, the so-called crab lice, also produce a pigmentation which is of a peculiar nature. These consist of small bluish or slate-colored spots, called maculæ cerulei, occurring for the most part on the anterior and inner aspects of the thighs. In the case of body lice it is in individuals who have been long infested by the parasites that the macules are found; whereas, in the other case the affection may be of quite recent date.

General Treatment in Eye Diseases.—It is a matter of common observation that many specialists busy themselves exclusively with the organ they treat and seem to see nothing but the local features surrounding it. Oculists of large experience, however, testify to the fact that they achieve their best results and obtain the most satisfactory effects when they join general medication to their local treatment. Many ocular affections, presumably of a simple nature, frequently have a deep seated cause underlying them and, whilst local medication affords some relief, relapses occur. When these self same cases are placed upon the proper general therapeutic measures the result is cure and the reason for this is so apparent that no explanation is necessary.

Pediculosis of Eyelashes.—This rare affection is said by Jullien to occur but once in 5000 cases of eye diseases seen at clinics. Dr. de Schweinitz has reported several cases of pediculi pubis which he observed infesting the eyelashes of children who attended his clinic. The louse has its location at the base of the hair, the head and rostrum being buried in the follicle. In Jullien's case there was no blepharitis, not even redness or itching, but in the majority of cases there is blepharitis of an eczematous appearance and chronic ophthalmia. The only effective treatment consists in removing all the parasites and their ova by means of forceps. One sitting proves sufficient if care be exercised not to overlook any.

Aristol in Carcinoma of the Cervix.—Without desiring to attribute any curative effects to aristol in carcinoma in general, Dr. Eug. Arcoleo believes (*Reforma Medica*) that it is a remedy which is worthy of use in the symptomatic treatment of carcinoma of the cervix uteri. His experience, at least, is to that effect. He states that daily insufflations of the powder produce a marked and rapid diminution of the pain; of the number and frequency of the hemorrhages; of the ichorous secretion; of the peculiar fetid odor of that secretion. Moreover, as the action of aristol is entirely local and as it is not absorbed, there is no fear of any toxic effects. Besides this it has no disagreeable odor of its own.

Now is the time to subscribe for the WEEKLY MEDICAL REVIEW.

From Springfield, Ill.

FITS EPILEPTIFORM IN CHARACTER CAUSED BY DECAYED TEETH.—Patient complained of suffering from epilepsy and intense facial neuralgia of four or five years' duration; had taken bromides and tonics without benefit. As she had never bitten her tongue, passed water during an attack, or fallen and injured herself, felt somewhat doubtful about its being true epilepsy. Witnessed an attack which I describe as follows: Patient sat in a chair with a perfectly vacant expression (stare); when asked questions did not understand, or answered incoherently; this lasted for a few minutes (usually three to five); after which she felt somewhat dazed and did not have perfect control over her command of words for several hours.

Examining the mouth found several decayed teeth, gums spongy, and traversed by several small sinuses discharging a little pus. Ordered teeth to be extracted, after which the attacks became very much less frequent, and at the end of three months had almost entirely disappeared.

A PATIENT'S OPINION OF NITRO GLYCERINE IN ANGINA-PLCTORIS.—Nitrite of amyl relieved me greatly, but did not remove the attacks unless I remained absolutely motionless for some time. About a year ago had a slight attack (only painful, not spasmodic). On going into a doctor's office to rest until the pain passed away, as he was in, he immediately listened to my heart, and has told me since that he considered it a bad attack. I, however, did not.

He recommended me to try nitro-glycerine. Began to use it as a prophylactic, taking a dose about three to five minutes before doing anything which might bring on an attack. Since then I have never once had an attack after taking nitro-glycerine.

In my cure it is absolutely specific. Its effects last an hour or more. The alcoholic solution acts with me almost instantly—strength $^1/_{100}$ gr. to 1 minim. Tablets are slower.

It is as effectual now as at first; three or four doses may be taken a day if required. My heart now beats more quietly than it has done for years. The irritability is immensely lessened and the intermittence has practically ceased.

A MODEL HOSPITAL—THE NEW GENERAL HOSPITAL, HAMBURG.—This model hospital is situated at Eppendorf, four and a half miles from the town, from which it is reached by tram-lines (street railway) running into hospital grounds. It occupies forty-five acres of undulating ground of sandy soil, and comprises eighty-three separate buildings, for the most part of one story high. The wards are constructed on the pavillion principle. The floors are marble, embedded in cement. The total cost was $2,170,000 or $1,170 per bed. The cost of maintaining it in 1889 was $265,000. There are 26 medical advisors, 90 female nurses, and 104 male attendants.

G. F. S.

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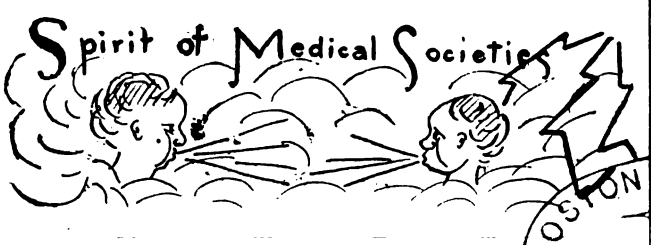


BOSTON MEDICAL LIBRARY ASS'N MAR 1893

Recurrent Pelvic Inflammation.—At the late meeting of the Mitchell District Medical Society, Dr. L. H. Dunning, of Indianapolis, Ind., read a paper on "Recurrent Pelvic Inflammation, in which he summarized as follows (*Jour. Am. Med. Ass'n.*):

1. Recurrent pelvic inflammation is a mixed disease involving organs and tissues of widely different histological structure.

2. It usually begins in an endometritis, but in the end the Fallopian tubes, ovaries, pelvic peritoneum, and sometimes the pelvic cellular tissue are all more or less affected by the morbid process.

3. An uncured acute inflammation of any one of the organs or structures named above predisposes the patient upon the operation of an exciting cause to a recurrent acute attack. Each acute attack still more predisposes to subsequent recurrences.

4. Suppuration in any of the structures involved may occur. It most frequently occurs in the Fallopian tubes.

5. Prophylactic treatment is the rational one.

6. Pregnancy and delivery are fraught with danger in patients who have recurrent pelvic inflammation.

7. Electricity aids in the promotion of the absorption of the exuded lymph before it becomes thoroughly organized into tissue.

8. When suppuration occurs operative procedures are indicated. The method of evacuating the pus or removing the pus cavity must be determined upon investigating each individual case.

Accumulation of Potassium Bromide in the Tissues.—Drs. Fere and Hereert have been experimenting to determine this question. In a recent report made to the Societe de Biologie they stated that they had found that in animals the different tissues are capable of enclosing considerable quantities of the salt without any bromic intoxication being apparent. Among the experiments made was a particularly interesting one. A pregnant guinea pig showed an amount of bromide of potassium present in the tissues which amounted in weight to seven times that of the combined weight of the two embryos contained in the uterus.

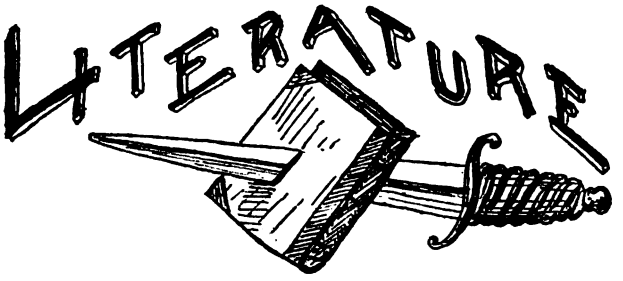
Death from Cocaine.—At a meeting of the Societe de Chirurgie M. Berger reported a case in which the scrotum was tapped for a hydrocele. Before injecting the iodine a tablespoonful of a 5% solution of cocaine was injected into the tunica vaginalis and at the expiration of a few minutes was withdrawn the iodine solution being then introduced. In about an hour afterward there occurred extreme pallor, dilatation of the pupils, foam at the mouth and generalized convulsions. These symptoms were repeated in a more intense form and then followed by a fatal syncope. Post-Mortem revealed a mitral insufficiency and atheroma. The reporter did not regard the heart lesion as exercising any effect in the result but rather the large dose of cocaine absorbed. It was the first fatal case he had observed in 500 treated in the same manner.

Tetany of Gastric Origin.—At the same meeting Dr. Bonveret gave the results of the researches he had made with Dr. Devic in regard to the pathogeny of tetany of gastric origin. The first point they established was the fact that tetany is only found in those who have dilatation of the stomach with permanent hypersecretion of acid. This tetany, which is frequently mortal (69%), is caused by a toxine which is the result of the action of free hydrochloric acid and of alcohol on the peptones. It is a chronic intoxication. If such cases are rare, they are so from the frequent occurrence of vomiting which throws off the toxine. The practical deduction which is made is that the treatment should consist in the absolute abstinence from alcohol, and in washing out the stomach.

Strangulation of Penis.—At the same meeting M. Poncet stated that a fortnight previously he saw a man of 50 who had introduced his penis in the hole of a stone breaker's hammer. Edema set in almost immediately, and in a few days it had assumed enormous proportions. Grangrenous spots appeared, and retention of urine supervened. Examination showed the gangrene to be superficial, and that there was permeability of the urethra. Three large incisions, extending to the balano-preputial sucus, were made. In a short time the foreign body was removed and recovery promptly followed.

Hashish Poisoning.—At a recent meeting of the Lyons Societe des Sciences Medicales, Dr. Weill reported a case of hashish poisoning not followed by death. A pharmaceutical student swallowed 15 grains of the extract and the principal symptoms which supervened were: vomiting with formication in the limbs, motor impulses, vertigo and delirium with visual hallucinations. There was no feeling of well-being, slight flushing, etc.

Syphiloma of Knee.—At a meeting of the West Kent Medico-Chirurgical Society (*Brit. Med. Jour.*) Mr. T. Moore showed a woman, aged 53, from whom he had removed a tumor of the bursa patellæ, the size of a cocoa nut. It consisted of a fibrous envelope, 1½ inch thick, surrounding a cavity filled with broken-down grumous matter. It had been noticed two years. A microscopical section showed it to be a syphiloma.



The Hydriatic Treatment of Typhoid Fevers according to Brand, Tripier and Bouveret, and Vogl. By CHR. SIHLER, M.D., Ph.D. 12 mo., pp. 340. [Cleveland, Ohio: Chr. Sihler. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, $1.50.

As all our readers know the proper treatment of typhoid fever is one which has long occupied the attention of the medical profession. Among the most difficult problems presented by this disease has been the proper mode of controlling the temperature and thereby reducing the waste naturally incident to the process. In the small work before us the author has not only summarized the experience of the various authorities he enumerates, but he has added his own observations and and fruit thereof believing that, while reliance is to be placed upon the experience of authorities, personal observations added thereto always makes them more valuable.

In the present instance we have an expose of the water treatment of typhoid fever and a fairly complete account of the experience which been arrived at by the use of a method which is gaining in popularity in this country. It has points of superiority over other methods which our physicians would do well to study and master. And for this purpose we can recommend no better nor more practical work than the one under consideration. A careful stndy of the principles involved in the hydriatic treatment of typhoid fever will more than amply repay the time devoted to it.

Age of ths Domestic Animals—Being a Complete Treatiee on the Dentition of the Horse, Ox, Sheep, Hog and Dog; And on Various Other Means of Determining the Age of These Animals. By RUSH SHIPPEN HUIDEKOPER, M.D. 8 vo., pp. 225. With 200 engravings. [Philadelphia and London: F. A. Davis. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, $1.75.

While there have existed a number of European works on this subject, chiefly French and German, there has been no American. The author has found that nearly all the English and American literature on the subject is antiquated and for that reason he undertook the the task of producing a work which was demanded by this very circumstance. The result has been a very elaborate study more especially of the dentition of the horse, that being perhaps the most important. Dr. Huidekoper pursued his studies in veterinary medicine at the celebrated School of Alfort, France, and has had a large and extensive experience as a practitioner and teacher of this difficult art.

This work is an important one to every veterinary surgeon, cattle, and horse-owner, and it certainly should be read by physicians most of whom own horses and are interested in dentition. Certainly dentists can not be without this book in their business. The work is an elaborate study and the illustrations are not only numerous but of a high order of excellence. We can do no better than to sum up by saying that the work is complete and irustworthy.

A B C of the Swedish System of Educational Gymnastics. A Practical Hand Book for School Teachers and the Home. By HARTVIG NISSEN. 12 mo., pp. 107. [Philadelphia and London: F. A. Davis. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, 75 cents.

The author of this excellent little guide has devoted almost his whole life to the art of gymnastics and his position in Norway and in this country as a teacher in various educational institutions has fitted him to speak authoritatively upon the subject. Prof. Nissen looks upon the Swedish system of educational gymnastics as the best one and its introduction in the Boston public schools has been attended by the happiest results. The system embraces more than the perfunctory calisthenics which are so common and which are so imperfectly taught that, in many instances, physical deformities are the only results attained.

One noteworthy feature of the hand-book before us is the fact that the exercises are graded to the capabilities of the various grades adopted in the public schools, from the youngest scholars to those who are in the highest grade of the grammar school. The exercises are copiously illustrated and a course is prescribed for each day, the length of time it should last being also indicated.

There can be no two opinions as to the value of this guide and as a sound body is necessary for the individual to have a sound mind, simple gymnastics such as are given in this little book cannot fail in producing good effects. Moreover, it affords a useful diversion from the tedious routine of recitation work, which is so apt to produce nervous irritability in scholars.

The Tempting of the King. A Study of the Law. By WILLIAM VINCENT BYARS. 12 mo., pp. 53. [St. Louis: C. W. Alban & Co. 1891. J. H. Chambers & Co., 914 Locust Street. Prices: Cloth, $1.00; cardboard, 25 cents.

The author of this poem is well and favorably known not only as a writer for the press but as a very clever writer of verses. His contributions have been numerous and well spoken of. This is perhaps the longest effort the author has made thus far. The poem is heroic, written in blank verse, which exhibits much

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strength throughout. The opening lines are particularly good and have much of the Homeric ring about them. In fact, it almost seems as if the author had taken the Greek heroic poetry as his guide. It is essentially a recital of the temptation of David by Bathsheba, the fate of Uriah, and the denunciation of Nathan. It will certainly repay a careful perusal.

Syphilis in Ancient and Prehistoric Times.

By Dr. Fred. Buret, Paris. Translated from the French with notes by A. H. Ohmann-Dumesnil, M.D. 12 mo., pp. 226. [Philadelphia and London: F. A. Davis. 1891. St. Louis: J. H. Chambers & Co., 914 Locust St. Price, $1.25.

The scientific effort of the physician has been directed toward the evolution of a system of treatment by which the ravages and ulterior results of syphilis might be controlled. Fortunately for humanity, this has not been in vain.

The primordial origin of syphilis has been a matter for dispute, for lo! these many years, the majority of syphilographers considering the epidemic of 1494 as its starting point. From this time syphilis has been variously designated, *morbus gallicus*, the Neapolitan disease, the disease of the Germans, of the Poles, of the Spaniards, of the Turks, the disease of the holy man Job, of St. Sementius, of St. Mevius, of St. Roch; and last, but not least, the American Disease. The author has been stimulated by the premise suggested by Phillippe Albert, that "to write the history of syphilis is, so to speak, to trace that of humanity." In accord therewith, "the volume is entirely devoted to the proofs of the existence of syphilis from the creation of the world to the Middle Ages." And further, "to eliminats numerous so-called proofs, which prove nothing," and to carefully study the archives of antiquity from prehistoric man and *Nuei King* ("a medical treatise edited * * * by the Emperor Hoangty, of China, who lived 3637 B. C.") to "syphilis in Rome under the Cæsars."

To prove that "syphilis dates from the creation of man" is a task from which most of us would shrink. The author attempts this, and we must admit, has not only presented a very readable book, but one filled with much substantial information, if not absolntely convincing proof. A few pages are devoted to the nature, character and treatment of syphilis.

The translator, our colleague, Dr. Ohmann-Dumesnil, has fulfilled his task admirably, and is to be congratulated for his faithful adherence to the original text, and for his effort to present such an admirable historical sketch to English readers. We bespeak abundant en dorsements for the effort. J. L. B.

Addresses and Essays by Frank Lydston, M.D., is a collection of seven essays which have appeared from time to time in the medical press, forming a duodecimo of 86 pages. We are pleased to see these essays placed in this permanent form and we are sorry to miss one of the best contributions of the author relating to anthropometry and crime. The writer's force and vigor are well exemplified in his various papers and exhibit much original thought, albeit some of them seem to present him as an advocate of doctrines which many still look upon as revolutionary.

Weekly Medical Review Visiting List (price 75 cents) receives the following notice from the Denver *Med. Times*:

The contents includes calendars, prediction of date of confinement, artificial respiration, care of galvanic batteries, disinfectants, clinical and chemical examination of urine, poisons and antidotes, table of doses, comparison of thermometric scales, the metric system, diet table for diabetics, diagnostic table of eruptive fevers, and 136 classified blank pages. The low price and completeness of this pocket reference book make it a desirable possession to the ordinary practitioner. See ad. page, vi.

New Books announced by J. B. Flint & Co., New York, and for sale by J. H. Chambers & Co., 914 Locust Street, St. Louis:

A Complete System of Gynecology and Obstetrics based upon translations from the French of Pozzi, Auvard, and others, revised by Chas. Jewett, M.D., is in press and will be sold at $8.00, by subscription only.

Flint's Condensed Encyclopedia of Medicine and Surgery arranged upon a new system. It is the result of a year's labor of a large corps of writers. This will be completed in two volumes sold by subscription at $8.00 per volume.

Electro-Therapeutics of Gynecology by Augustin H. Goelet, M.D., will be ready March 1, and will be sold at $2.50.

All of these books promise to be excellent if we are to judge from the reputation of their authors.

Abdominal and Pelvic Surgery is enriched by two contributions recently made by William H. Wathen, M.D. One is a paper on asepsis in intraperitoneal surgery, the other being a consideration of the drainage tube in laparotomy. He regards suprapubic drainage with a glass tube as good as and less dangerous than vaginal drainage or a combination of both.

The Proceedings of the Sanitary Conventions of the State Board of Health of Michigan have been received and show that this Board has shown quite an amount of activity, in conjunction with citizens' committees during the year 1881.

The Annual Report of the Postmaster-General of the United Stotes for the Fiscal Year ending June 30, 1891, has been received by us, but the essential features are already so well known that it would be superfluous to enumerate them.

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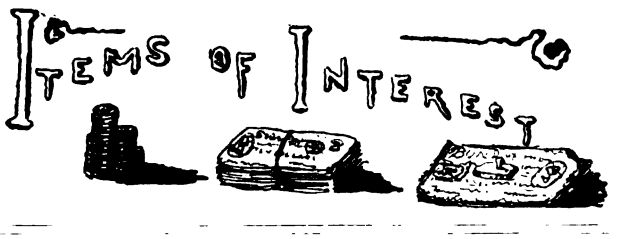

The German Society of Public Health will hold its next meeting at Wuerzburg on Septembr 20, 1892.

Dr. Wilhelm Krause, who has been Extraordinary Professor of Anatomy in the University of Goettingen for thirty years, has resigned his chair.

The Paris Society of Medicine offers a prize of 1,500 frrncs and a gold medal for the best essay on tuberculosis, to appear before the end of 1892.

A Needle is said by a Mr. Stiger, of New York, to have lodged in his body for two years. It entered the thigh and was extracted under the shoulder-blade. Attached to the needle was a piece of thread two inches long. It would have been a better story had the thread been longer.

Teleia.—An association has recently been founded at Buda-Pesth under the name of "Teleia," the object of which is to combat the evils of prostitution, to rescue its victims and to establish and maintain a free dispensary for the treatment of poor patients suffering from venereal disease.

Tuberculin in Lupus.—At the same meeting Dr. Bell showed a case of lupus under observation many years, treated for twelve months past with tuberculin with considerable improvement; but the disease still persisted and maximal doses of tuberculin, corresponding to 1 c. c. of undiluted material, now produced no effect.

Piece of Pear in Bronchus.—At the same meeting Dr. Ernest Clarke showed a baby 1 year old, upon whom tracheotomy was performed for impaction of a piece of pear, the size of a large pea, in the left bronchus. Twelve hours afterward the foreign body was coughed up through the tube. The child made a good recovery.

A Physician's Suicide.—On Jan. 9, Dr. B. F. Johnson, a prominent physician of Everest, Brown County, Kas., committed suicide at the Seidle Hotel at Atchison by taking morphine. He leaves a wife and two grown daughters. It is thought that domestic trouble was the cause of the act. His brother, Dr. Steven Johnson, was for several years president of the Missouri Medical Association, and is now connected with the Kansas City Medical College.

Dr. McMillan has been appointed the successor of Dr. von Steinmetz at the St. Louis Dispensary.

Happy Fathers.—Dr. P. S. O'Reilly, is the happy father of a boy, and Dr. W. N. Brennan was presented with twins—girls, during the past week. Both fathers are still in St. Louis.

The Drevet Manufacturing Co., the well-known manufacturers of Marchand's Peroxide of Hydrogen and Glycozone have removed from 10 West 4th Street to 28 Prince Street, New York.

The Therapeutic Gazette with January, 1892, begins the sixteenth year of its publication, under the editorial management of Hobart Amory Hare, M.D., George E. de Schweinitz, M.D., and Edward Martin, M.D.

School Physicians have been established as an institution in Leipzig. The city is divided into 15 districts, each one containing from 3000 to 4000 school children and for each district a physician is appointed at a salary of 500 marks (about $125) a year.

St. Louis is said to possess the only Hygienic College in existence and according to its advertisements "it has a full three years' course. This course embraces all the branches taught in other medical colleges; also Hygeio-Therapy, Sanitary Engineering and Physical Culture." *Mirabile dictu.*

Ghostly Dentists.—A man out in Ohio who was suffering from a severe toothache and consulted a spiritist medium for relief, was told to go to bed and the relief would come. He obeyed and upon recovering consciousness he found a blood-stained pillow and the offending molar on the sheet. He is deliberating whether it was nitrous oxide or spiritism, but is glad is tooth is out anyway.—*Ex.*

The Gynecological Society, of the City of Mexico, elected the following officers to serve for the year 1892:

President.—Dr. Francisco de P. Chacon.
Vice-President.—Dr. Fuertes.
Recording Tecretory.—Dr. Demetris Mejia.
Corresponding Secretary.—Dr. Lewis D. Rinz.
Treasurer.—Dr. Rafael Lavista.

Dr. Charles A. Groby endeavered to stab George Jones, a burly negro, in the St. Louis Court of Criminal Correction on Jan. 5. It appears that the negro attempted to outrage Mrs. Groby, some time before, and nearly succeeded in his attempt. At the preliminary examination, the Doctor was so enraged that he made the effort stated above. He was prevented however. It is said that the negro will be railroaded into the penitentiary.

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Metropolitan Medical Society of New York.—At the annual election of the Metropolitan Medical Society the following gentlemen were elected officers for the ensuing year: President, Dr. Frank A. McGuire; Vice-President, Dr. William Cowen; Recording Secretary, Dr. F. F. Marshall and Corresponding Secretary, Dr. Henry S. Stark.

Ears in Texas.—In Texas the loss of an ear is not thought to be a "serious bodily injury," says Mr. Riley (*N. Y. Med. Times*). The indictment was for aggravated assault, in the course of which the complainant's ear was bitten off. The jury had the pleasure of examining the ear, which was handed about for this purpose, but the loss was held not to be of much account and the defendent got the benefit of the doubt.

The Medical Fortnightly has made its appearance. It is a 36-page journal, illustrated and very neatly printed. Dr. Bransford Lewis is editor, the associate being Dr. F. D. Hoyt. The large number of collaborators will no doubt fill its columns with excellent matter. The aim of the *Fortnightly* is to be a representative of all the medical colleges of St. Louis, as well as its societies, and in addition of the plodders and the brilliant lights in medicine.

Bovine Tuberculosis.—An exchange states that the efforts of the Rhode Island Board of Agriculture to stamp out tuberculosis in the dairy herds of that State are made under authority of a statute recently enacted, which provides that the State shall pay for animals condemned and killed. This provision encourages the farmers to point out the tuberculous cows in their herds for the information of the board. Thus far the board has killed 15 cows and 34 more are in quarantine and under observation. Diseased animals have been found in four or five towns, and milk from the herds in which they were discovered has been sold in Providence.

Heligoland is to have a modern biological station, well-equipped; this is to be established by the German Government.

Death from Chloroform.—We learn that the *Hospital Guzette* has stereotyped the heading "Death from Chloroform," and the editors say that they have had no reason to regret the outlay. It is simply amazing to think of the apathy of the profession in the matrer of the fatal effects of chloroform. How certain hospital surgeons can go on, day after day and year after year, giving a dangerous anesthetic when a much less dangerous one is at hand is one of these things that it is difficult to understand.

Acromegaly.—At a meeting of the Bradford Medico-Chirurgical Society (*Brit. Med. Jour.*) Mr. Appleyard showed a woman, aged 43, the subject of acromegaly. Ten years before her hands and feet increased in size. four years later a curvature forward of the upper part of the spine began to show itself. The bones and areolar tissue of the hands and feet were uniformly enlarged and the skin over them soft and thickened. Both clavicles and ribs on each side were considerably enlarged; the mucous membrane of the mouth was more succulent than natural, and the lower lip markedly everted, reflexes normal, special senses normal; no alteration of fields of vision; no other sign of disease except bronchial catarrh; the mental state a little inert; great muscular weakness; when first seen two months ago she could not walk across a room, but had much improved lately.

Influenza Raging in London.—Telegraphic advices dated January 10, state that there is no abatement of the plague of influenza in London, and the hospitals are taxed to their utmost capacity in accommodating the numerous cases pouring in upon them. Matters are made worse by the fact that a number of regular physicians on the staff of almost every hospital are stricken down with the disease and unable to perform their share of the increased work. Many of the students at Guy's Hospital, too, have fallen victims to the prevailing scourge. Private practitioners are also overwhelmed by the number of influenza cases to which they are summoned. The leading physician, whose patients are of the class willing and even anxious to employ trained nurses, report it impossible to fill the demand for such attendants. Skilled nurses can command their own price, and if their number was many times multiplied all could obtain good places.

The St. Louis Dental Society met at the residence of Dr. Conrad on January 5, and elected the following officers for 1892:

President.—Dr. Geo. Robitoy.

Vice President.—Dr. Walter M. Bartlett.

Recording Secretary.—Dr. J. B. Vernon.

Corresponding Secretary.—Dr. John G. Harper.

Treasurer.—Dr. Henry Fisher.

Committee on Publication.—Drs. Helmuth, Lindsley and Keith.

Committee on Membership.—Drs. Morrison, Hickman and Spaulding.

Committee on Ethics.—Drs. Baird, Prosser and McNamara.

The Executive Committee consists of the officers of the Society.

Regular meetings are held on the first Tuesday of each month excepting July, August and September.

Youthful Depravity.—The newspapers state that Mamie Ayres, aged 10, was arraigned in Jersey City, for attempting to burn down St. Francis' Hospital at a time when 100 patients were crowded in the wards. She gives as a motive that after recovery she was put to doing light tasks and she desired her liberty. New Year's eve she lighted a match and put it to one of the cots which was soon in a blaze.

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A Spanish Edition of *La Semaine Medicale* has been decided upon, to appear simultaneously with the original.

Prof. Helmholtz is reported to have said that he has worked to gain knowledge for himself and not primarily to help science.

The Medical Department of the University of Berlin has matriculated 1410 students in its medical department, not including 264 who study military surgery.

The Central District Medical Society of Missouri held a meeting at Sedalia on January 7, last. This meeting was well attended, and a number of interesting papers read. The officers are President, Dr. P. Hunt, of Boonville, and Dr. A. F. Dressel, of Sedalia, Secretary.

Missouri State Board of Health.—One of our exchanges makes this terse comment in regard to the Missouri State Board: A State Board of Health, without funds, or even suitable quarters to transact business without remuneration, is a disgrace to the Legislature of the State.

The Number of Bacilli expectorated by a patient affected with phthisis is, according to Nuttall, from 250,000 to 4,000,000,000 every 24 hours. Now, take 1,000,000,000 as the average, and the number in one year is 365,000,000,000. In a city like Paris where there are 50,000 persons with lung tuberculosis, the problem is presented to hygienists to destroy these organisms. And the spores are not taken into consideration in this matter.

Blundering Oculists.—Dr. J. W. Thompson speaks as follows in the *Jour. Am. Med. Ass'n:*

It has been my lot more than once to see a blundering novice attempt to do an operation upon the human eye, when it was self-evident he knew almost next to nothing about the instruments he was handling. Such a spectacle is painful indeed, for it will be the merest accident if the poor trusting patient is not doomed to live the rest of his days in continual darkness. It is very expensive to our friends to recommend a novice of this kind, since his self-reliance is not infrequently founded upon "cheek," "society hustling," and his capacity to drink hot punch and be a hail fellow well met, rather than upon knowledge and skilful manual dexterity. It is unfortunate for a community that such a man should be heartily endorsed as an oculist, as is frequently the case in some of our western towns and cities. Pardon me for emphasizing the fact that I have seen such would be operators and have known them to close the door when their patient left their office, and remark to a near friend, "I made that patient pay my office rent to day." The community that unwittingly furnishes their eyes in order to educate such a man is very unfortunate indeed, since he will prove himself to be an apt scholar if he does not ruin more than a bushel of their eyes in his blind shop before he becomes a tolerable operator.

The Power of Advertising was recently demonstrated in a practical manner to a Philadelphia man who is enthusiastic over the subject. The day after he had inserted in a paper a notice saying that he wanted a boy, his wife presented him with two—twins.

A Petition to establish a Department of Public Health and the appointment of a Secretary of Public Health is being actively circulated at present by a committee for that purpose of the American Medical Association. We will not enter into the details of the arguments presented in favor of this, but physicians who favor this movement are requested to state so with their name and address and send same to Dr. C. G. Comegys, 266 Elm St., Cincinnati, Ohio.

Nothing New.—We read in the *Medical Age*, which quotes from the *Deut. Med. Wochen Schrift*, that Dr. Th. Harkey of Hamburg, "describes a new form of ajustable (laryngeal) mirror, readily affixable to a double-stemmed handle, pressure upon the expanded extremities of which will, during its use, slant the mirror to any desired angle from 100 to 180 degrees." It is a matter of personal knowledge with us that 14 years ago Dr. Thos. F. Rumbold, formerly of St. Louis, used a laryngeal mirror of this description devised by himself. The mirror has been on sale for years.

Improved Pills.—The Kansas City *Medical Index* says that they tell a good story on Dr. D. A. Berger, of Kansas City. Dr. Berger is physician to the jail and is often called on to make visits for trivial causes. The other night one of the prisoners was suffering from indigestion and shortly after midnight jailor Kennedy was importuned to telephone for the doctor. Upon learning the nature of the case Dr. Berger told the jailor to give the patient a couple of pills and to wait until morning. Upon visiting the patient next morning the pills were found to have acted promptly; as the patient said, "Dem pills is boss—I think I'll take two more." Upon inquiring as to more pills, the jailor explained to the doctor that in the night he could not find any pills, so he had broken off the heads of two cuff buttons and given them! And they had acted just as well as comp. cath. U. S. P.!

An Army Medical Board will be in session in Chicago, Ill., during February, 1892, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies. Persons desiring to present themselves for examination by the Board will make application to the Secretary of War, before January 15, 1892, for the necessary invitation, stating the date and place of birth, the

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place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they are graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between 21 and 28 years of age, and a graduate from a regular medical college, as evidence of which his diploma may be obtained by addressing C. Sutherland, Surgeon General U. S. Army, Washington, D. C.

A State Board Sustained.—The following from the *Med. Standard* will interest our readers: The Oregon Supreme Court has reversed the finding of the Circuit Court in the case of Barmore vs. the State Board of Examiners. Barmore had been refused a certificate by the board upon showing he was a graduate of the medical department of the University of Ohio, and had a diploma from a legally chartered medical school in good standing. He was refused upon the ground that the Oregon state board had adopted a rule which defined "medical institution in good standing," as used in the act, to mean, "only those institutions which required three regular courses or sessions of six months each, extending over a period of three years' time," and that the school of plaintiff did not, when he graduated, have such a three years' course. If Barmore had applied before the board adopted this rule he could have been admitted to practice in Oregon. Barmore asked a mandamus to compel the state board to issue a certificate, and won his case in the Circuit Court. This is now reversed in the Supreme Court and the state board of examiners sustained.

Testimonials.—There lies before us a pamphlet advertising a certain mineral water bottled not far from this city says an exchange. It is printed with blue ink, and is illustrated with Indians and angels. It contains for the greater part testimonials from citizens as to the benefits derived from drinking the water. Some of these "cures" are very wonderful indeed, being nothing less than "Bright's disease or diabetes." One gentleman is convinced that the water has done him good "not only as a diuretic, as I was very constipated before using it, but—" etc. Another considers himself well, although he "suffered for years with heart failure." One other "was a sufferer with Bright's disease for ten years," but to day his health is better than it ever was," though the disease had actually "drifted into catarrh of the bladder." One must wonder on reading such stuff whether the laity inherit their medical knowledge or acquire it in a dream. The most interesting portion of this very unique and original work, however, is the recommendations "from our leading physicians." One of these medical stars found the water beneficial in a "case of acute hemorrhage nephistis," and a colleague would use it in "all affections of the kidney in which an inflammatory process is present." Why don't these "leading physicians" take half a page in the daily newspaper and pay for it like the rest of the qu-qu-queer, isn't it?

Montreal Medico-chirurgical Society.—At the annual meeting, the following officers were elected: President, Dr. Buller; vice-presidents, Drs. James Stewart and Lachapelle; secretary, Dr. Kenneth Cameron; treasurer, Dr. J. A. Macdonald; librarian, Dr. T. D. Reed.

Ottawa Medico-chirurgical Society.—At the annual meeting, the following officers were elected: President, Dr. L. C. Prevost; 1st vice-president, Dr. W. C. Cousens; 2nd vice president, Dr. A. A. Henderson; treasurer, Dr. R. W. Powell; secretary, Dr. C. J. H. Chipman; curator, Dr. J. A. Grant; librarian, Dr. H. B. Small.

A Virchow Museum.—It is suggested by Prof. Grawitz that a museum of pathological anatomy, bearing the name of Rudolph Virchow, should be founded in Berlin. An excellent nucleus of such a museum is already in existence in the numerous preparations made or collected by Prof. Virchow which are at present inadequately displayed, owing to want of room.

Gum Chewing and Weak Brains.—A New York doctor asserts that to his positive knowledge the persistent habit of gum chewing has produced mental weakness in fourteen cases of young girls who are now under medical treatment. It might be a question whether the mental weakness is the result of gum chewing, or the gum chewing the result of intellectual feebleness. Certainly the habit is not one indicative of a high grade of mental development.

Medical Work in China.—Dr. Robert C. Beebe who has spent several years in the work of Medical Missionary in China and who is superintendent of a hospital at Nanking lately delivered an address at the Western Reserve Medical College (*Cleveland Medical Gazette*).

Several amusing instances were related of simple cases by the cure of which the "foreign devils," as the mission physicians are called, achieved reputation among the natives. Upon one occasion a very high official died and his widow in the first frenzy of her grief swallowed her gold earrings with the intention of committing suicide. The Chinese believe gold to be a deadly poison. The doctor was summoned in great haste, inquired into the case, ascertained that the jewelry was not of a size or shape to cause trouble mechanically, and prescribed. The lady did not die and the gratitude of the patient and her friends had no bounds. A magnificently embroidered satin tablet which was exhibited to the audience was brought with a procession, firecrackers, drums, etc., presented to the hospital with elaborate ceremony. The lettering referred to the

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doctor's skill as "A divine conception of marvelous devices." The lecturer explained that the only "divine conception" about it was the knowledge that the gold was harmless, and the "marvelous device" was the dose of castor oil, which produced the dangerous earrings as soon as possible.

Medical Schools in Turkey.—There are five medical schools in the Turkish Empire—one at Constantinople, one at Cairo, one at Aintab in Northern Syria, and two at Beyrout, one of the latter being Protestant and the other Roman Catholic. Only the Constantinople and Cairo institutions possess the right of granting a licence to practise; the other three, which are in the hands of missionaries, can only give certificates of study, candidates having to go to Constantinople to be examined.

Leprosy in Russia.—An exchange states the first leper house in the Baltic Provinces in Russia was recently opened at Riga. It is intended provisionally to accommodate twenty men and as many women. The medical and administrative staff live in a separate building, and to lessen the risk of infection the attendants live as far as possible apart from the patients. Dr. A. Reisner is the medical officer in charge, and the institution is under the general supervision of Dr. A. Bergmann, to whose initiative and persevering efforts its establishment is principally due.

Another Centenarian Chemist.—The *British Medical Journal* says that not long ago M. Chevreul affronted the memory of Sir George Cornewall Lewis, and no doubt gladdened the heart of Sir George Humphry, by living to the age of 103 in the most unquestionably authentic mannner. Now we learn that the patriarchal French chemist has a rival in the person of a scientific confrere, Dr. Ignaz Vonberg, Prof. of Chemistry in the University of Bieff, who will complete his 101st year in January next. He was born at Wilna on January 17, 1791, and in 1828 published a work on theoretical and practical chemistry in five volumes. This led to his appointment as lecturer in that science by the University of Kieff, and there apparently he has remained ever since. At a banquet recently given in his honor by the academic youth of Kieff the aged Professor, who is still full of vigor both in mind and body, spoke for a whole hour on the pursuit of chemistry as a cause of longevity, citing Chevreul and himself as illustrative examples. He argued that as chemists are concerned with the investigation of the forces of organic and inorganic nature they learnt, in the way of their business as it were, how to maintain these forces in full efficiency and thus to prolong life. The doctrine may be sound, but it seems to require a fuller explanation than is here vouchsafed. If investigation of the forces of life were sufficient to ensure that a man's days should be long in the land, doctors ought to have the longest lease of life instead of occupying one of the lowest places in the scale of comparative longevity. If chemists have discovered the elixir of life, it is to be hoped that they will not keep its composition any longer hidden from an expectant world; there are too many secret remedies already. It is confidently believed at Kieff that Chevreul's record will be beaten by Prof. Vonberg.

Medical Legislation in 1891.—The Boston *Medical and Surgical Journal* in its review of the year states that among the laws passed during the year, of interest to the medical profession, we may mention the following: The Immigration Law passed by the last Congress requires medical inspection of all immigrants on arrival. All idiots, insane people, paupers, or persons likely to become a public charge, or persons suffering from a loathsome, dangerous, contagious disease, as well as felons and assisted persons, are to be sent back to the country from which they came.

Congress has also passed an act estaplishing five stations for the inspection of meat which is destined to be exported. The principal duty of the inspector appears to be to hunt for trichinæ.

The State of Alabama has passed a law requiring all physicians who are not graduates of a reputable medical college to obtain a certificate of qualification from a board of medical examiners.

The State of Arkansas has passed a law allowing the Board of Medical Examiners, after trial, to revoke the license to practice of a physician, if convicted of unprofessional conduct.

The State of Nebraska has passed a law requiring a certificate from the State Board of Health and graduation from a legally chartered medical school or college, before a license to practice is allowed.

Among the States in which bills, regulating the practice of medicine have been defeated, may be mentioned Massachusetts, Rhode Island and Pennsylvania. The latter State has already a registry law. Masachusetts is now one of five States only in which the practice of medicine is unrestricted by law.

The New York State medical practice law passed during the preceding year went into effect. It provides that no one shall practice medicine in the State without previously obtaining a license from the State Board of Medical Examiners.

In Massachusetts a law was passed requiring the detention of inmates of State penal and charitable institutions who are suffering from syphilis in a contagious form, until the disease is no longer contagious.

The State of Maine requires all persons having charge of an infant with sore eyes to report the fact to a physician. It has also passed a law to provide for the registration of vital statistics.

In Massachusetts an attempt was made to restrict the use of arsenic in the manufacture of various articles, but it resulted merely in prohibiting its use in children's toys and confectionery.

The United States Supreme Court has decided that a court may not order a medical examination of a person in a civil case against his or her will.

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The Municipal Court of Boston has decided that a druggist may sell cigars on Sunday, as a drug to be used for the cure of catarrh.

The Medical Clinic of Geneva was formally inaugurated in December last.

Surgeon M. L. Ruth, of the Navy, died at Brooklyn on the 13th ult., in his forty-seventh year. He was one of the best known of the naval staff.

Strychnine as a Heart Tonic.—Strychnine is a good stimulant for weakness of the heart. The heart beat becomes strong, the small arteries contract, and the blood pressure increases.

Typhoid Fever prevails, to a certain degree, in Ireland. In Cork it is attributed to the salmon taken from the river Lea; and in Dublin the eating of oysters is credited with being the origin of the disease.

Physio-Medical Ethics.—The following ad. appears in the *Physio Medical Journal*: —— & ——, Cancer Specialists. Physicians who desire to transfer their cancer patients to us will be duly rewarded, etc.

Buried Alive.—A telegram from St. Petersburg, dated January 4, states that a physician of Proschovitzaka was buried alive a few days since. The cries and shrieks issuing from a newly-made grave led to its being dug up. The body was found contorted, the fingers bitten, and the whole bore evidence of a terrible struggle. Death was caused by suffocation.

Sir James Risdon Bennett, M.D., recently died at the advanced age of 82 years. He graduated in Edinburgh in 1833, and was president of the Royal College of Physicians in 1876. He was knighted in 1881. He was connected with St. Thomas' Hospital, and was physician to the City of London Hospital for Diseases of the Chest.

The Students' Dinners.—The medical students' dinner has become very popular in Canada. It appears to have become a regular annual event, and generally creates great enthusiasm among the students. The members of the various faculties are some-what divided in their opinions on the subject, and are far from indulging in the enthusiasm which is so evident among the undergraduates.

A Medical Library for Pittsburgh.—For many years the profession in Western Pennsylvania has recognized the need of a medical library in Pittsburgh, and has made earnest though futile efforts towards satisfying the want. Every attempt has ended in failure, not for want of interest nor from lack of appreciation, but because of prohibitory difficulties. It seems that at last its hopes will be realized, and in a manner that will justify the most sanguine expectation.

For Trismus Neonatorum.—Dr. J. H. French recommends the following (*West. Med. and Surg. Rep.*) where there are symptoms of cardiac weakness:

℞ Tinct. digitalis,
Spts. ammon. aromat., - aa ℥ss.
Spts. frumenti,
Syr. zingiber, - - - aa ℥j.
M. Sig.: For an infant of fourteen days old, four or five drops every two hours may be given.

A Treatment for Diphtheria.—One of our exchanges suggests the following: Spray thoroughly with peroxide of hydrogen (full strength), then atomize the following, although flushing is recommended as better:

℞ Acid. carbolic, - - - - ℥ij.
Aquæ calcis, - - - - ℥iij.
Glycerin, - - - - - ℥ij.
Aquæ, - - - - q. s. ad ℥xvj.
M.

Antiseptic Wash for Nostrils.—Dr. J. Lewis Smith advocates the following in scarlet fever as an antiseptic nasal wash (*Arch. of Ped.*):

℞ Acid boracic,
Sodii borat., - - - aa ℥ij.
Sodii chlorid., - - - - ℥j.
Aquæ puræ, - - - ℥xvj.
M. Sig.: One teaspoonful to be injected in each nostril every hour.

Europhen Injection for Gonorrhea.—Eichhoff recommends the following:

℞ Europhen, - - - - gr.xxijss.
Ol. olivar, - - - - ℥ijss.
Pulv. gum. Arab., - - - ℥ijss.
Aquæ destillat., - - - ℥vjss.
M.

Seborrheic Eczema—Ernest Besnier recommends the application of the following for seborrheic eczema and eczema rubrum:

℞ Sulfuris loti, - - - - ℥ij.
Zinci oxidi, - - - - - ℥ij.
Vaselini, - - - - ℥ijss.
M.

The following is also used in the same affections:

℞ Resorcini, - - - - ℥j-℥ij.
Ol. amygdal. dulc.,
Ol. olivar., - aa ℥j-ss.
M.

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Bromidrosis.—In bromidrosis of the feet a recent writer orders this:

℞ Acid. salicylic,
Aluminis,
Pulv. oryzæ, - - - - - aa ʒss.
M. Sig.: To be sprinkled in the shoes and stockings every morning.

Vomiting of Pregnancy.—Stuver claims the following as an efficient remedy in the incoercible vomiting of pregnancy:

℞ Cocaine, - - - - - - gr. ij.
Antipyrin, - - - - - gr. xv.
Aquæ destil., - - - - - ʒiij.
M. Sig.: A teaspoonful every hour or half hour.

Whooping Cough.—Dr. John M. Currier recommends the following (*Med. and Surg. Rep.*):

℞ Hydrar. chlorid. corros., - - gr.j.
Pilocarpini, - - - - - grs.x.
Cocaine hydrochlorat, - - grs.xv.
Ammoni. chlorid, - - - ʒiijss.
M. These should be reduced to an extrememly fine powder. Sig.: Inflisuate four or five times a day.

Mouth Wash.—Dr. Thoma recommends the following as a pleasant buccal disinfectant:

℞ Thymol, - - - - - - gr.iij.
Benzoic acid, - - - - gr.xl.
Tincture of eucalyptus, - - ʒiij.
Essence of peppermint, - - ♏x.
Alcohol, - - - - - - ʒiij.
M. Sig.: Pour enough in a glass of water to render it turbid and use as a mouth wash.

Lip Salve.—Dr. J. Carwin's formula is:

℞ Almond oil, - - - - - ʒivss.
Spermaceti, - - - - - - ʒvj.
White wax, - - - - - ʒijss.
Carmine, - - - - - gr.xviij.
Balsam of Peru, - - - - gtt.xlv.
Otto of rose, - - - - gtt.xxx.
Melt the spermaceti and wax, add the almond oil, the balsam of Peru, and finally the carmine and otto.

La Grippe.—Dr. E. R. Palmer considers the following almost a specific in epidemic influenza:

℞ Quiniæ sulphat.,
Salol, - - - - - aa gr. iij.
Phenacetin, - - - - gr. iv.
M. Ft. pil. vel. caps. No. 1. Sig.: One or two every three hours.

Dr. F. W. Langdon recommends the following:

℞ Acid salicylic, - - - - - ʒss.
Ammon. carbonat., - - q.s. ad neutr.
Glycerini, - - - - - - ʒij.
Aquæ menth. pip., - - q.s. ad ʒvj.
M. Sig.: One dessertspoonful in a wineglassful of water every one or two hours.

A Novel Remedy for Catarrh.—While on our morning round a few days back, we were compelled to tarry a while in front of a negro cabin. On the front porch sat a "colored minister" with a somewhat misshapen nose. An old antebellum darkey happened along, halted, and the following conversation happened:

Uncle Tom (to the Rev. Mr. Snodgrass).—"What ails your nose?"

Snodgrass.—"I have the catarrh, sir."

Uncle Tom.—"I can give you a remedy that will cure every case of 'gittar.'"

Snodgrass.—"I would like to have such a remedy."

Uncle Tom.—"Take dry cow manure, set it afire, and set down over it and breve it freely into your nose for fifteen minutes every morning for nine mornings, and if it don't cure you I will 'gree to go back to my old massa."

A Correct Diagnosis.—Doctor: Good morning, Mr. Lover. What can I do for you?

Mr. Lover: I called, sir, to—ask for the hand of—of your daughter.

Doctor: Humph! Appetite good?

Mr. L.: Not very.

Doctor: How is your pulse?

Mr. L.: Very rapid when—when I am with her. Very feeble when away.

Doctor: Troubled with palpitation?

Mr. L.: Awfully when I think of her.

Doctor: Take my daughter. You'll soon be cured. One guinea, please.

Diagnosis.—An exchange states that the differential diagnosis of fecal impaction from other forms of intestinal obstruction, and the treatment of the former by opiates and hot enemas used to be favorite examination questions for medical students, but appear to have been superseded by something like the following:

"Give the diagnosis of abdominal affections."

"If the patient be a male, he has appendicitis; if a female, pyosalpinx."

"What is the indication for abdominal section?"

"The ability to pay a large enough fee."

Dullard.—So, old man Richly is dead at last.

Brightly.—I wonder he lived so long with all the doctors. Why, Dr. Scalpel had a hack at him, Dr. Piller had a hack at him and a dozen others.

Dullard.—And now the undertaker has him.

Brightly.—Yes, by gum! and he's the worst. He has got seven hacks and a hearse at him.

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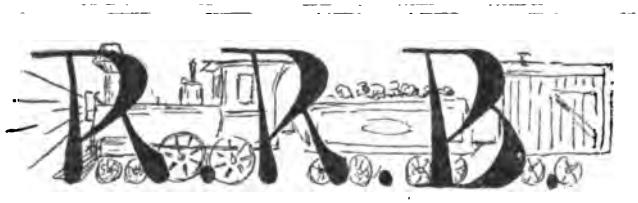
"**Pah,** what does non compos mentis mean?"
"That, my son, is a mind without a compass."

Citizen.—"Did the amputation do the man any good?"
Doctor.—"Oh, no! but it was a beautiful operation."

"**Goodness,** John! How queer baby looks. I believe he is going to have a fit."
"By George! I believe you are right. Where is my camera?"

Dr. Growler.—Let me see your tongue, ma'am.
Mrs. Enpic.—How does it look; coated?
Dr. Growler.—No; as though it had been working with its coat off.

Doctor.—I believe you have some sort of poison in your system.
Patient.—Shouldn't wonder. What was that last stuff you gave me?



California—One Way—Excursions.—Every Tuesday during the season, the Iron Mountain Route will run Through Pullman Tourist Sleeping Cars St. Louis to Los Angelos and San Francisco, leaving St. Louis 9.30 P.M. The ticket rate is $42.50 with additional $3.75 for double berth through to the Coast. Each car will be in charge of a porter and an excursion agent will be in charge of the party and see that every want is attended to. For further information and reservation of births, call or address City Ticket Agent, 102 North Fourth Street, St. Louis, Mo.

Fixing Passenger Rates.—At a meeting of the Western Passenger Association at Chicago on Jan. 6, action was taken to adjust rates from Lower Missouri River points to various points in the East on the basis of recent differentials made from Chicago. For the Convention of the People's Party to be held at St. Louis, beginning Feb. 22, it was decided to meet the action of the Alton and make a rate of one fare for the round trip. The question as to rates and arrangements for the Republican National Convention were agreed to conditionally, and the result will be announced at an early date. It was announced that the reduced rate prevailing from St. Paul to St. Louis, which had consideration at the previous meeting, will be withdrawn.

H First Ride.—Phineas Johnson, of Henry County, is 81 years old and on Jan. 6, he took his first ride on a railroad train. He came into Clinton, Mo., to apply for a pension and would have filed his application long ago if he had not dreaded the risk incident to a ride on the railroad cars, but hearing that other loyalists would get all the money in the Treasury before he mustered up courage to make the trip he summoned all his fortitude, boarded the train and rode into Clinton in safety. Mr. Johnson says that he witnessed the building of the second railroad constructed in the United States, but that he has never had any desire or inclination to ride on the new-fangled things, and that nothing less than the hope of getting a pension to remunerate him for having fought and bled for his country would have tempted him to go on board the train.

The Smallest Railway.—The smallest railway in the world is probably that from Ravenglass to Boot, in Cumberland. The one in question is like a large toy. The gauge is 3 feet, the engine, an absurd little thing, and the carriages like miniature cages. As to the stations, they resemble double bathing boxes more than anything else. The railway officials are easily summed up. The engine driver is also stoker, guard, ticket collector, ticket distributor and porter. Being late for the train is not a serious disaster, since anyone of the most ordinary activity can run after and overtake it, the railway official being the most obliging of mortals, who will stop and pick up passengers anywhere. It is not advisable, of course, to be in a hurry when using this line, and it is hardly surprising to find that in spite of the smallness of the staff it fails to pay. A horse and trap could give the train a long start and beat it easily.

The O. & M. Vestibule Line.—Passengers going to any point East or Southeast, and desiring a quick and comfortable trip, should take the Ohio & Mississipi Ry., the fast line from St. Louis, and the only one running a passenger train through to Cincinnati, the time being less than ten hours.

Three daily vestibule trains are run by the O. & M. to Cincinnati, and two to Louisville, making direct connections with all trains for the East, Northeast and Southeast, and trains of this line are equipped with elegant Vestibule Day Coaches, and Pullman's latest pattern in Vestibule Parlor Library Cars and Sleepers. The Sleeping Cars are run from St. Louis to Washington, Baltimore, Philadelphia and New York without change, and the fare to these points is less by the O. & M. Ry. than by any other through car route.

Owing to its excellent through train service and fast time, the O. & M. is enabled to carry about ninety-five per cent of the travel from St. Louis to and via Cincinnati, eastward.

See that your tickets read via the popular O. & M. Ry., for sale at offices of connecting lines.

For further information call on or address A. J. Lytle, Gen'l Western Pass'r Agent Ohio & Mississippi Ry., 105 N. Broadway, St. Louis Mo.

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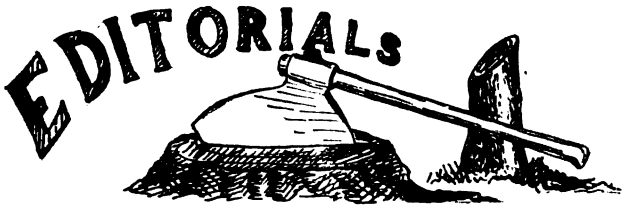

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Substitution.

The propensity of substitution by certain druggists is a subject which has occupied much of the attention of medical journals of late, and an investigation directed to this question has shown that the habit is not an imaginary one, but rather one that is indulged in too much to the detriment of the physician and patient alike. When we come to look at the matter closely it will be seen that the relations between the physician and patient are based upon mutual confidence. The patient relies upon his medical adviser to obtain relief from his physical sufferings, and the latter bases his ability to accomplish this purpose upon the patient following his directions faithfully and implicitly. Now there is a third party involved in this transaction—the druggist. Each one of the two others depend upon him, in great part, to obtain the results desired by the one and expected by the other. Should the druggist prove recreant to the trust reposed in him he does an absolute wrong to two without profiting himself. He does a wrong to the patient in deceiving him and dispensing that of which he is supposed to know little or nothing. He injures the physician's reputation by dispensing remedies not ordered and by not knowing the patient's condition, nor the reason for which the remedy or remedies were ordered.

Why any dispensing pharmacist should be so short-sighted no one has yet satisfactorily shown. Why any druggist should take it upon himself to act as a gratuitous adviser the human mind cannot solve. But that it is a common practice as all know and that it is frowned down upon by the medical profession in general is a matter with which every one is acquainted.

Substitution is a crime. It is a crime because it is a deception made with malice prepense and one which may result disastrously to a human life. It is a criminal act which is committed consciously for the purpose of gain, or else why should it be done? It it is a practice which shows such a degree of moral turpitude that were the public made fully cognizant of the details involved in the practice, those guilty of such conduct would soon suffer from the results of their illegitimate methods.

While the druggist is much to blame for this state of affairs, the physician is not altogether innocent. He is to blame for many shortcomings, more especially as connected with proprietory remedies. It is true that some of these preparations are an imposition upon doctor and druggist alike not to mention the patient. For, to charge a dollar an ounce for a proprietory remedy which can be made for fifteen cents for the same quantity is robbery pure and simple. There are others again which require a detail of process, a consumption of time and such skilled care in their manufacture that the prices demanded are equitable enough. It is of these we desire to speak. When a physician reads the formula of such and prescribes it to be made *ex tempore* he is substituting. He wishes to show that he can write a prescription for the remedy, when in reality, he is exhibiting a combination in nowise conforming to it.

He forgets that there are certain processes and manipulations which cannot be made in a few minutes; that the druggist is not prepared to make them; and that were the latter so prepared and enabled to reproduce the desired article it would cost vastly more than the original. Such action on the part of a physician is simply an assumption of superior wisdom which is sure to be followed by inferior results and is simply an ex-

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hibition of the worst phase of substitution with which we are acquainted. *Ne sutor ultra crepidem.* Let the shoemaker stick to his last! The manufacturing pharmacist has done so much for therapeutics that he were better left alone. Substitution will never remedy the condition. It will always result to the detriment of some one. If the druggist substitute the patient and physician will suffer and if the physician, in the belief that he knows it all, does the substituting the patient and he will also suffer, and the druggist will not reap any credit that will redound to his benefit. The whole question involved in substitution can be solved in three words—Don't do it. Honesty is the best policy in this as in all things and eventually brings its own reward which is tenfold.

Self-Medication.—The following appears in the *Lancet*, and we can only deplore the fact that those whom it would profit most are not in a situation to have ready access to its perusal: With the recurrence of influenza a word of warning against the possible dangers of self-medication becomes once more imperative. Many regard this affection as trivial and transitory, and requiring little more treatment than merely remaining at home for twenty-four hours or so; while they are prepared either to ignore medicine entirely, or to fly in reckless, haphazard fashion to quinine, salicin, antipyrin, exalgin, or to any substance which may be widely advertised either for the reduction of fever or the relief of pain. It cannot be too widely known that such a course is fraught with considerable danger, not only from the possibility of serious but insidious complications being overlooked until the patient is perhaps moribund, but also from the fear lest any of the newer remedies should be employed in overdoses. The most casual reference to any work dealing with the synthetic compounds will show that, as a rule, they possess toxic properties, and this fact alone should cause those addicted to self-medication to pause before they act upon the assumption that statements in an advertisement, or even in the columns of the daily press, convey the whole truth. It is true that certain drugs relieve pain and reduce temperature, but it is equally true that, unless they are employed by persons who are properly informed, disastrous accidents will undoubtedly occur.

Secrecy in Medicine has always been decried by the true physician. On this subject the *American Lancet* says:

We desire to remark, it is universally conceded that the onward progress and most rapid development of the human race depend upon the most complete and speedy dissemination of all knowledge. Of all classes of men none can be found that has more steadily practiced according to this law than have physicians. It is surprising that in this enlightened nineteenth century there can be found intelligent persons, newspapers, that claim to lead in the van of progress and liberty and humanity, who stigmatize this characteristic of the medical profession as reproach worthy of a sneer. It simply proves that they have not known physicians as they are, have not understood that as the students and teachers of science as applied to the prevention and relief of human suffering they are compelled by the very nature of their calling (if they be honest men) to speak all the truth, and the truth always, without fear or favor. The doing of either more or less than this stamps the individual so doing as an apostate from the truth delivered to us from our fathers, and inherent in the very nature of our calling and as an enemy to the dissemination of scientific knowledge when found useful for the benefit of suffering humanity.

"The Review," as at present constructed, seems to meet with the favor of its readers. We do not intend to let their interest lag one moment but will continue to keep them abreast of the latest and most useful advances in medicine, both at home and abroad. Those who appreciate our efforts can best show their good opinion by getting their friends to subscribe.

The Formula of the proprietary remedy is one thing and the manner in which the ingredients are combined is another. This is well exemplified in the advertisement of a firm which runs about as follows: "We are not physicians, we are chemists. Our work is to make an emulsion of cod-liver oil. We shake it up with glycerine. There is no secret about what is in it. The knack of doing this as we do it is all we have. This knack is our business." This illustrates very forcibly some of the points to which we referred last week and the futility of attempts to extemporize a preparation which is "just as good."

The Financial Prospects of the medical man are none of the best, nowadays, and in connection with the problem presented by this condition, the *Dietetic and Hygienic Gazette* says that there is perhaps no class of men who suffer more silently, being conscious of the loftiness of their calling and unwilling to besmirch its fair fame. If we may judge from numerous recent utterances, however, a decided antagonism against existing conditions is growing constantly more manifest. There are mutterings of discontent heard everywhere. The time is ripe for a change in the attitude of the profession toward the public. Far be it from us to advocate a recession from the high moral ground now occupied by the medical profession. But it would seem that we might, with perfect propriety descend from the lofty level in the clouds for the purpose of approaching nearer to the actualities of life as they present themselves to our daily view.

The "common herd" appreciates the lofty position of the doctor, and is inclined to yield to him all reverence so long as its "pocket nerve" remains untouched. This is testified to by their peculiar aptitude regarding compensation for professional services. It is not at all an uncommon experience of the physician to be re-

quested to make reductions from his ordinary fees for all sorts of reasons. Persons who would not dream of asking the tailor or grocer to reduce his bills for charitable reasons, appeal to the doctor for such a purpose with the utmost nonchalance, evidently regarding him as the only legitimate eleemosynary member of human society. The consequences of this "noble" status are disastrous to the poor doctor, who must needs provide bread and butter for his family quite as surely as does the tailor or grocer.

The Dispensary Question in New York is beginning to assume a serious aspect. According to the *Doctors' Weekly*, during the past twenty years particularly, the attendance at the public and private dispensaries in New York, has attained such enormous proportions, as to give grave concern to the greater part of the medical profession; so that at the present time, though there is little, loud, outspoken condemnation, yet there are significant mutterings among the great mass of honest, plodding practitioners, against the whole system; and there have been threats, which have not yet taken any definite form, but which it will not do to ignore. It has been suggested to organize a "Practitioners' Protective Association," the main objects of which will be to induce those who own or manage dispensaries, to put some restrictions on the attendance of applicants and to demand of them certificates from physicians, or other qualified persons, of proof of their poverty or inability to pay. In the event of this expedient failing, then to commence an open warfare against them all; commencing with the most powerful, the biggest sinners, by instituting an agitation in the public press, and endeavoring to cut off their resources in every possible way.

Success in Gynecology is discussed in the following manner in the *Am. Gyn. Jour.*:

The man who does no operations, or only minor ones, will find abundant scope for his energies. He may be as much respected, relieve as much suffering, and be as useful to the world as his exclusively surgical brother, and he will kill fewer people, because the glamour of the greatest surgical possibilities will not be continually leading him on. Such a man, with ripe intelligence, is safer far, as a counselor in the matter of diagnosis, than one who is so sensitive as to his skill with the knife that he sees a possible abdominal section in every other woman who consults him. Success in gynecology depends quite as much upon accuracy in diagnosis as upon skill in the use of instruments. The one who has performed the greatest number of operations is not always the one who has produced the greatest number of cures. On the other hand, the gynecologist with surgical proclivities and ability, fortified with good judgment, will find his field of usefulness widening, and not narrowing. It requires no little judgment to discriminate between the useful and worthless procedures which an ever increasing gynecological literature is thrusting upon his notice. Who can compute, much more estimate at its proper value, the variety of operations upon that suffering structure known in anatomy as the perineal body? Which is the best method of treating the stump in hysterectomy? Is drainage advisable in abdominal surgery or not? Should the abdominal cavity be irrigated? Are antiseptics required, or even admissible? What is the proper field for electrical treatment? These are only a few of the questions that are being answered so variously that one is confused in trying to harmonize them. Wisdom and facility come with increase of experience, and it has been found a good plan to cling to those methods and measures that have served well, but never to cling to them so tenaciously as to be unable to drop them when their weak points became apparent.

Rheumatic Heart Troubles.—In a paper on the cardiac phenomena of rheumatism (Canada *Lancet*) Alexander M'Phedran states that of the cardiac affections, endocarditis is much the more common, the mitral area being especially vulnerable. Endocardial inflammation generally begins early in the rheumatic attack—in the first week usually, but may occur in the second, the third, or even the fourth week. The more severe the rheumatic attack the greater the liability to the endocarditis. If the patient escapes for the first week, and is under suitable care and medication, some believe that the heart should be secure from attack. It is the general opinion that endocarditis is proportionately much more liable to occur in second, and still more so in third attacks of rheumatism, even although the successive attacks be less severe. There is a very probable fallacy in this view. No doubt in many cases of rheumatism there occurs inflammation of endo- or pericardium, or both, without manifesting any signs of it existence; permanent thickening of the endocardium may, however, result, and become at the affected points more vulnerable to the rheumatic poison in subsequent attacks. This offers the only reasonable explanation of this greater liability to cardiac implication in repeated attacks of rheumatism, as otherwise the liability should decrease with advancing age and lessening in severity in the recurrent attacks. The truth of this is further borne out by the experience we have probably all had of cases who, having convalesced from rheumatism, have passed out of our hands without any signs of cardiac lesions that could be detected, and who some time later showed unmistakable evidences of heart disease, it may be, of a most serious nature. The greater frequency of heart disease in several attacks of rheumation was believed by Sibson to be due to the increased strain thrown on the heart by the severity of the disease. The fibrous structures subject to most strain seem to be most liable to attack; the increased labor of the heart may, therefore, induce inflammation of the fibrous structures.

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Massage of the Heart.—In a recent work on this subject Oertel places altogether too much importance upon the mechanical effect of massage of the heart over the chest walls. In order that massage might act upon the heart in the same way that it does upon the muscles of the extremities (which he claims) it must be necessary to remove the chest walls, a procedure that would hardly be justifiable. While the patient is standing he directs that gliding pressure should be made upon the chest walls downward and inward, the benefits of which, he states, are not only referable to its influence in perfecting expiration, "but also to the direct pressure upon the heart influencing its nutrition precisely as massage benefits the muscles of the extremities." He considers this treatment indicated:

1. When the heart muscle is weak from deficient nutrition, anemia or corpulence.

2. When the arterial system is imperfectly filled, and there is passive congestion as a result of insufficiency of the myocardium.

3. When there are valvular lesions or obstruction to the circulation, the pressure of tumors or constriction of the pulmonary orifice. Emphysema and curvature of the spine increase the demands of the heart.

4. As an accompaniment of treatment of the heart by mountain climbing, he also recommends it.

It is contra-indicated in acute or recurring endocarditis or pericarditis; in acute and subacute myocarditis, the result of sclerosis of the coronary arteries and in general arterio-sclerosis.

General massage is of great aid to the peripheral circulation, lessens the work of the heart, tranquilizes the nervous system and induces sleep in the worst kinds of heart disease.

I have never been able to discover that massage over the heart alone has ever had any influence upon this organ save in one case. It was that of a lady, 42 years of age, weighing 175 pounds, whose adipose tissue had increased somewhat before she came to me, and she had become slightly short of breath in ascending stairs or hills. Her family and society cares were numerous, and from the wear and tear of these she sought relief and found it in general massage. At her first visit to me she came in a carriage. She looked well. Her pulse was but 33 to the minute and dicrotic, and the first sound of the heart could not be heard. General massage did not change the character of the pulse in this case as it usually does in others, but after *masséing* the left chest over the heart for a few minutes the pulse lost it dicrotic character, and was stronger, but not increased in frequency. Next day she came on foot to my office, a distance of a mile; her pulse was 75, heart's action normal, first sound clear and distinct, and yet she said that she did not feel so well as she did the day before. She had found by experience that the immediate effects of massage made her feel temporarily worse, but the after effects were very beneficial. It seems almost incredible that there could be such marked temporary functional weakness. D. G.

Hypodermics of Cod-Liver Oil in Phthisis.—Dr. Kohos claimes to have cured six cases by means of hypodermic injections of cod-liver oil and creolin. He states that he cannot claim more than apparent cures, and furthermore that injections of the oil without creolin have been equally productive of good results (*Union Medicale*). The results in two cases have been confirmed by competent medical authority. The liquid injected is composed as follows:

℞	Cod-liver oil (pure) - -	ʒxxv
	Creolin, - - - - - -	ʒss
	Sulfuric ether, - - -	♏xv
M.		

From 15 to 450 minims of the above are used in each injection. The author thinks that this method is one which could be profitably employed in cases of defective nutrition and emaciation.

For Strumous Engorgements.—A writer in *l'Union Medicale* recommends the following treatment: Cod liver oil should be administered internally. Added to this, tonic and nutritious alimentation is of paramount importance. To diminish the glandular enlargements the following should be rubbed in:

℞	Iodoformi, - -	ʒss
	Balsam Peru, - -	ʒij
	Glycerini, - -	ʒv
M.		

We have found the following to act well for this purpose:

℞	Tinct. iodini, - - - - -	ʒj
	Lanolini puriss.,	
	Ung. aquæ rosæ, - -	aa ʒss
M.		

Rest in Influenza.—Dr. J. Harrison Metler, in a paper on the treatment of influenza (N. Y. *Med. Jour.*) very justly insists on rest. He says:

As soon as I see a simple case of the grip I at once recommend absolute mental and physical rest. Rest and quiet I have found the *sine qua non* for the successful treatment of the disease. Not only is this necessary to prevent possible complications, but it is desirable to counteract the nervous depression. A patient who consents to remain indoors until the attack has worn off is, of course, not liable to contract the pneumonia which renders this disease so fatal; and the absence of all excitement to the nervous system enables the proper remedies to effect a speedy and satisfactory cure. I am satisfied that we cannot be too imperative

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with our patient in regard to this matter of rest. When I meet with one who is inclined to be argumentative, I even go so far as to say that I am certain I can cure him in four or five days at the most if he will remain quiet; but if he insists upon being up and attending to his business, it will take at least two weeks to effect the same result, let alone the risk of contracting a fatal complication. A plain statement of this sort I usually find restores to me the needed authority, and the patient is ready for the further treatment.

Sending Away Patients.—It is a well known fact that, when patients are sent away from home, they very often develop home-sickness, this trouble being in great part due to the physician. On this point, Dr. J. M. Keating says in the *Climatologist*:

Study your case from the standpoint of the individual, as well as his or her disease, and select your place from actual knowledge, either derived from your own personal experience after a thorough investigation, or from that of others who know. When you have decided, write to a prominent physician of the place, give him a history of the case, your diagnosis, the stage of the affection, your patient's temperament, his or her financial condition, and be advised by the doctor as to the probability of success. Let him secure the necessary accommodations, take entire charge of your patient upon his or her arrival; be sure to impress upon the sick one the necessity of following out the instructions of the local doctor, who, from a large experience, is conversant with all the local features of the case and alone competent to bring it to a successful issue. The "home" doctor should surrender his case *in toto* to the one to whom he trusts it, and he should impress his patient with the necessity for the same obedience and implicit confidence that he himself would exact.

An Important Suggestion is made by the *N. Y. Journal of Gynecology and Obstetrics* which goes on to say although we have advanced wonderfully in the appliances of our medical schools, hospitals and laboratories, especially during the past decade, there is no place in the city of New York, where a surgeon who is not connected with one of the several schools can have an opportunity without great expense and inconvenience to test a new operation or to familiarize himself with the steps of an old one on the cadaver. Even the more favored members of the profession who have important teaching positions find it difficult to obtain good material under favorable conditions. These conditions are privacy, the presence of trained attendants to arrange the subject properly, to inject it if necessary, to place it in position, to cleanse it and to attend to all the minute details which make it practicable for the busy operator to utilize this most valuable means of testing truth and of avoiding error. The opportunity to test an anatomical point quickly is often greatly desired. We do not know whether such a place could be made to pay expenses at first, but we do know that its advantages both to the profession and to the patient would be greater than many of the plans encouraged by physicians financially and otherwise.

What better way for some one of our milllonaires, desirous of advancing medical science, to place his money, than to endow such an institution? A comparatively small sum would enable it to exist and perform its work until the profession at large had learned to appreciate and use its advantages. It could very soon be made self-supporting by the subscription fees, if the scheme were at once started and in working order.

The Infectious Nature of Tetanus was for a long time suspected, and the truth of that belief is now conclusively proved (*N. Y. Med. Jour.*). Nicolaier eight years ago found in superficial soil a bacillus which by inoculation produced tetanus in animals. Not long after, a germ of similar appearance and life history was found by Rosenbach in the secretions from a wound of a patient suffering from tetanus. The chain of evidence was not completed until recently, when Kitasato a student in Koch's laboratory, succeeded in isolating the germ and produced tetanus by inoculation of its pure cultures. There is still doubt as to whether this germ is the only one which may produce the disease. Examination of the surface soil of various countries shows that the bacillus of Nicolaier is very wide spread, being more common in that from tropical regions. This agrees with clinical experience, for the disease, as a rule, is much more common in hot than in cold countries. Experiments show that while the digestive fluids have not the power either to kill or alter the germ, a dose vastly greater than that required to produce death by inoculation can be taken into the stomach with impunity. This is also in accordance with clinical experience, for the disease develops in connection with an open wound or an unhealed umbilicus. The evidence is strong that the disease is at first local in character, and there is ground for the belief that it may be prevented by early treatment at the point of inoculation. There is certainly much to be expected from cleanliness and antisepsis as prophylactics, and this, again, is in accord with practical experience.

To Stop the Overlying of Children is a matter which has occupied a great deal of attention abroad for some years past. It is a habit which is unfortunately but too prevalent: as the *Brit. Med. Jour.* says many lamentations over overlain children—to the number of 800 yearly in London—and even the proposal to purchase cots for necessitous or neglectful and drunken mothers, do not much affect the annual mortality. Mortality of this kind does not come home to the popular mind like a death from hunger or from exposure to cold. There are so few of us likely to be overlain, while most of us know what it is to be more or less cold or hungry, dislike it exceedingly for ourselves, and are willing to make some sacrifice to save others from extreme experiences of the kind. Where, however, there

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is little sympathy there might well be some righteous condemnation, and a little legislation of the Continental type, which forbids bedding infants with adults, might be found salutary and effective.

Tooth in the Tongue.—Dr. E. B. Wenner writes as follows to the *Medical Bulletin*: A few days ago there came to my office a case which might be of interest to the medical profession at large. It came in the form of a little girl, 12 years old, who had the misfortune of falling and badly lacerating the tongue six years ago, at the same time knocking the central incisors out of the upper jaw. The laceration of the tongue was closed by means of sutures by the family physician. It united by first intention, and never gave any trouble until a few days ago, when she came to my office complaining of something being in her tongue. Upon examination the diagnosis was a foreign body near the anterior border of the tongue. A small incision was made and the hard body extracted, which was found to be a tooth. Undoubtedly one of the teeth had been inclosed there six years ago, and remained unnoticed until the present time.

Dislocation of the Eye of an Infant.—W W. Beaumont states (*Prov. Med. Jour.*) that a female infant was brought to the Bath Eye Infirmary last September with the following history: The birth had been somewhat prolonged and was finally accomplished with the aid of forceps. Nothing unusual was observed in the infant until the nurse began washing it, when she saw that the left eye was protruding out of its socket. The following morning it was brought to the Eye Infirmary. The eye was then seen to be very prominent; a large part of the sclerotic almost to the equator was visible around the cornea. The upper and lower lids were retracted and hidden behind the proptosed globe. There was a good deal of inflammation and chemosis of the conjunctiva, and the cornea was dry and steamy looking. The left side of the head was rather larger than the right, but there were no cuts, nor was there any evidence of undue force having been used in the application of the forceps. The child was healthy looking; it had slept well, and did not cry much and apparently was in no pain. A few drops of chloroform having been administered, the eye was oiled, and the upper lid seized by means of catch forceps pushed in between the globe and the orbit. Gentle pressure of the globe backwards combined with pulling forward of the lid easily reduced the dislocation. During the night the child had convvlsions and the following morning it cried a good deal and swelling around the orbit appeared. In about ten days the swelling subsided and the only evidence of the injury was a slight opacity of the cornea. The case, he believes, one of extreme rarity, there is no reference to a similar one in Neale's "Digest," nor can he find any recorded in ophthalmic literature.

The Blood-Clot in Treating Dead Spaces.—This is essentially Schede's method of which Dr. Mont. Linville says, in the *Medial and Surgical Reporter* that he believes that the blood clot is the important factor in healing many wounds where we have dead spaces. And that too many surgeons do harm by trying to get rid of it, by the use of drainage tubes, and the application of strong antiseptic solutions. He does not wish to be understood as saying that he is opposed to antiseptics or the use of drainage tubes. He believes that it is our first and most important duty, to thoroughly antisepticize our hands and the external portion of the wound, but we meet with many cases where the wound is deep, with large dead spaces, that he believes the use of carbolic acid or corrosive sublimate destroys the physical and, perhaps, the chemical characters of the blood, and produces a superficial necrosis which must retard healing. In operations upon diseased bones, where it is impossible to remove every particle of diseased bone or tissue, and where a profuse discharge is sure to follow, he is in favor of drainage, but in all wounds where the cavity is composed of healthy tissue, he believes that nature is superior to a drainage tube. In amputations if we cut our flaps short and neat, stitch the muscles and close the flaps by buried skin sutures there is no reason why we should not have rapid healing by first intention.

Three Cloves in the Larynx.—The following curious case is detailed in the New England *Medical Gazette* by Dr. Helen S. Childs, and shows that the expectant method is sometimes productive of good results:

On the afternoon of July 10, 1891, a boy five years old, having three cloves in his mouth, ran and fell, striking the back of the head, and crying drew the three cloves into the larynx. He was immediately turned upside down and pounded upon his back expelling two of the cloves; but all efforts failed to dislodge the third one. He breathed fairly well except upon taking a long inspiration a wheezing sound was heard. He was taken that evening to Dr. W——, who made an examination of the larynx and pharynx, but faild to discover the clove, and advised waiting, thinking the child would cough it up. The clove could be located all the time by a wheezing in the larynx, and the child could taste it for some time, and thought he could feel it all the time. After a long fit of coughing it would seem to be displaced and interfere with his breathing for some time, but would finally settle back, probably into the vocal process. The child grew better after the 24th of July, appetite gradually returned, and aside from occasional fits of coughing he seemed very well, only weak. On the morning of August 13th he awoke coughing, and the cough continued troublesome until about noon, he had a severe cough and expelled the clove, much swollen, somewhat spongy, but still perfect in shape, the round seed at the top never having become dislodged. The clove was altogether five weeks, lacking one day, in the larynx.

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Rare Tarso-Metatarsal Dislocation.—A simple dislocation of the metatarsals without fracture of any of the bones of the foot or leg is an accident of rare occurrence. Mr. J. Chaytor White records the following case of this character in the *British Medical Journal:*

On November 1, 1891, Captain O. was out shooting mounted on a riding camel, when the animal bolted and fell down a bank. The rider managed partially to free himself, but the left foot became entangled in the stirrup iron and was crushed by the body of the camel rolling upon it. On examining the foot, it was found that the metatarsal of the great toe was dislocated at the tarso-metatarsal joint in a direction upwards and outwards. The internal cuneiform was uninjured, and the dislocation was simple one. The metatarsals of the second, third, and fourth toes were also dislocated from the tarsus in an upward direction, and on running the hand over the dorsum the ridge formed by the dislocated bones and the tendons was distinctly felt. The point of the great toe was itself directed inwards and downwards, and on placing the feet together it impinged on the lower surface of the interphalangeal joint of the oppo site great toe. The reduction was effected by extension, but some difficulty was experienced in replacing the metatarsal of the second toe, probably owing to its anatomical peculiarity of position. A pad of wool and bandnges sufficed to keep the bones in place, and the foot was later on put in a starched bandage, with good result. He believes cases similar to the above have been recorded by Liston, Dupuytren, and Smith, but on account of the strong ligamentous supports, the accident must be an extremely rare one. Probably only a soft heavy body, such as a camel, would cause a similar injury, and I believe in the cases noted by the above surgeons the rolling of a horse on the leg and foot was the cause of the accident.

Cure of Phthisis.—Dr. Henry P. Loomis states (*Med. Rec.*) that he has found quite a number of cases of recovery from phthisis. His summary is as follows:

1. Out of 763 persons dying of a non-tubercular disease, 71, or over nine per cent., at some time in their life, had phthisis, from which they had recovered.

2. The new fibrous tissue by which the advance of the disease was apparently checked, and the cure effected, developed principally by round-cell infiltration of the interlobular connective tissue, which in some instances had increased to an enormous extent. Some of the new fibrous tissue was formed later by round-cell infiltration in the alveolar walls and around the blood-vessels and bronchi. Pleuritic fibrosis appears to be secondary to tubercular processes in the lung-substance. The interlobular connective tissue is the primary and principal source of the fibrosis.

3. Tubercle bacilli were present in the healed areas in three out of twelve of the lungs examined. These healed areas did not differ in their gross or microscopical appearances from those in which they were not found.

4. Thirty-six per cent. of all cases where the lungs were free from disease showed localized or general adhesions of the two surfaces of the pleura.

Typhoid Fever.—We find the following in a recent number of the *Medical Bulletin*:

In an interesting article on this disease, Burney Yeo mentions with approval the following prescription by Dr. Wilks:

℞ Sulphurous acid, - - - - ♏xx.
Water, - - - - - - ℥j.
Syr. aurant. cort., - - - ℥ij.
M. Sig.: At a dose every four hours.

Yeo has tested chlorine water, and obtains excellent results. His prescription is as follows:

℞ Potass. chloratis, - - - gr. xxx.
Ac. hydrochlor. fort., - - - ♏xl.
M.

Place in a 12-ounce bottle, and cork. When filled with gas, add water gradually, and shake. Then add:

℞ Quin. sulph., - - gr. xxiv–xxxvj.
Syr. aurant. cort., - - - - ℥j.
M. Sig.: One ounce every two, three, or four hours, according to the severity of the case.

Treatment of Appendicitis.—A summary of the treatment of appendicitis is thus made by Dr. W. H. Link (*N. Y. Med. Jour.*):

In the commencement of an attack give salines often and liberally till the gut is completely emptied. Advise perfect rest in bed. Forbid any but liquid nourishment. If pain is severe, apply counter-irritation and dry heat locally till salines act.

If the patient improves, wait. If the pulse grows worse, if the temperature rises, if pain increases, if tumefaction becomes larger, if tenderness becomes more marked, operate. At no time give morphine, but consider an increase of pain sufficient to demand relief by opium an imperative, unequivocal, and emphatic indication for surgical interference.

Care of the Umbilical Cord.—Dr. Barton Cooke Hirst very justly observes that improper care of the funis may result in septicemia (*Medical News*). The old plan was to surround the cord with a greasy, very often dirty, rag, and to leave the dressing undisturbed till the cord had dropped off. As a result, the cord would undergo a process of putrefaction or moist gangrene, with the constant danger that poisonous germs might be swept into the general circulation through the umbilical vein or the hypogastric arteries. We can avoid this danger by a little care, just as we are able to prevent septicemia in our obstetric operations. A typically healthy umbilical cord is dry, and black in color. There is here a dry gangrene, or mummification; we secure this result by dressing the cord antiseptically when the child is cleansed after the birth, and changing the dressing daily. In his own work he uses salicylated cotton. A pledget is placed on the abdomen above the

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umbilicus, on which the cord is laid. Over the cord is laid another pledget, and the whole is held in place by an abdominal binder of soft flannel. Should there be some little putrefaction in spite of these precautions, we can neutralize its effects by dusting the cord with an antiseptic powder, the best being starch and salicylic acid, five parts to one. It is not usually realized by the general practitioner that septicemia in the newly born baby is common. In fact, to the general practitioner the whole pathology of early infancy is often most obscure. If the child dies in the first week or two, a death-certificate is given with marasmus or inanition as the cause of death—indefinite terms that cover a vast multitude of intesting conditions.

Non-Contagiousness of Leprosy.—Dr. L. Duncan Bulkley in a study of this disease, basing himself on his own observations and those of others arrives at the following conclusions:

1. Leprosy is not in any proper sense of the word a contagious disease.
2. There is not the slightest warrant for public alarm concerning cases of leprosy.
3. It is not due to climatic or race conditions.
4. It originates from a bacillus.
5. There is reason to believe that under certain conditions it can be inoculated.
6. There is considerable ground for the opinion that it is frequently caused by food and especially fish.
7. Heredity is a possible factor in its causation.
8. There is far greater warrant for the seclusion and regulation of syphilis and tuberculosis than of leprosy.

Ocular Headaches.—Dr. Frederick E. Cheney states in the Boston *Medical and Surgical Journal* that if a patient complains of headaches, pain in the eyes and poor vision, the probability of a refractive error being the cause is now very generally recognized. If, however, the sight is apparently normal, there is little or no discomfort in using the eyes for near work; and especially if the headaches are not frontal, an ocular defect as a possible cause does not usually receive much consideration. It is, nevertheless, a fact that a large number of patients, who have good sight both for distance and near, and who are able to read and sew for hours at a time without discomfort, suffer from migraine and neuralgic headaches, frontal, temporal, occipital and general, that can be entirely relieved by the correction of some refractive or muscular defect.

An Unusual Neurosis.—One of our exchanges states that Helmuth (*Casopio Ceskych Lekaru*) has reported the case of an unmarried intelligent teacher, twenty five years old, with no neurotic family history. Menstruation was regular in time but protracted in duration, and always accompanied with pain. Following an injury to the left eye from a broken violin-string, it was noticed that reading readily caused annoyance. On examination no lesion of the eyes could be detected. There was considerable headache. Soon it was observed that on excitement or emotion the left half of the face flushed and became warn, and in the course of two or three seconds the left side of the head and face became the seat of profuse perspiration; the left ear became purple, and from the auditory canal there flowed an aqueous discharge. There was a sense of fulness in the left nostril. At the same time the right side of the face became pale, dry and cold. If the provocation was intense, the left arm up to the elbow joint became red, but without perspiration. The phenomena were aggravated during menstruation. Improvement took place as menstruation was regulated and existing constipation was overcome. Iron and aloes were the medicaments employed.

Calcium Muriate in Tuberculosis.—Dr. Robert Durrett states that he has found that muriate of calcium is an excellent internal remedy to administer in tuberculosis (*Am. Pract. and News*). He cites several cases in which the results were eminently satisfactory. The treatment consists in giving adults 30 to 40 grains of the pure calcium chloride in a glass of milk after each meal. The pure article must be imported and unless it be chemically pure untoward effects are apt to manifest themselves.

Mercury In Eye Diseases.—We have referred on a former occasion to the beneficial effects which are derived from the general treatment of a patient affected by an ocular trouble. The injurious effects of certain methods of medication are no less marked. In this connection Landolt is very positive in his statement that the administration of mercurials is indubitably harmful in non-syphilitic detachment of the retina, atrophy of the optic nerve, and many other ocular affections. He attributes the evil effects produced by the mercury to the fact that it entails alterations in the organism of the patient, which are anything but salutary to his well-being, the vitality of the tissues being lowered.

The Esocarde.—In 1883 Dr. Salaghi, of Bologna, presented to the Academy of Medicine of Rome a plan for combating various circulatory troubles of cardiac origin by means of rhythmical compression of the peripheral circulation (*Med. Rec.*). The idea was that by squeezing the capillaries and veins the blood would be pushed along and the labor of the heart lightened. After making various ingenious experiments with artificial circulations and upon lower animals, he devised an apparatus which he calls an "esocarde," and which he has successfully applied to the treatment of heart disease and various other ailments. The instrument consists of a number of bands which surround the abdomen and base of the thorax. To their ends are attached weights, so that they can be tightened or relaxed at will. In using it the patient lies upon a bed in the supine position. The main work of the apparatus is directed

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to affecting the portal circulation, since that is thought to be best adapted to mechanical influences. The "esocarde" is indicated in conditions of weak heart and low arterial tension, from mitral disease especially. It is contraindicated in aortic stenosis. Prompt and happy results from its use have been obtained in heart disease, and also in other conditions attended with low arterial tension. Dyspepsia, chorea, chlorosis, neurasthenia, and fevers are among the diseases over which the ingenious Italian's supplementary heart obtains, he asserts, a rapid mastery.

Placenta Retained Four Months.—The following unusnal case is reported to the *Medicl Record*, by Dr. Nelson G. Richmond:

March 25, 1888, he prescribed for Mrs. B——, aged thirty-nine, for a threatened miscarriage. She was the mother of five children, and had one miscarriage in 1884, to which he refers later. March 27th, in spite of all precautions, she was delivered of a two months fetus, without medical attendance. Upon visiting her the next day she informed him that the placenta had not been passed. She was not flowing, and her symptoms were favorable. He plugged the vagina, removing the tampon the next day, but the placenta remained. Daily for ten days he visited her, expecting and prepared to remove the placenta should symptoms suggestive of complications appear. She, however, made a satisfactory recovery without my further interference. He dismissed himself from daily attendance, fully explaining to her the state of affairs.

During the first month hemorrhages occurred; after this menstruation became regular. She seemed as well as usual, did her own housework, and walked long distances. She was under his casual observation during this time. July 27th, or just four months after the miscarriage, the placenta came away intact. The patient brought it to his office. It was in a normal condition, and after hardening it in alcohol he prepared sections for the microscope, which he has preserved.

Benzosol a Substitute for Creasote.—The use of creasote in phthisis is well known, but it has objections which Dr. Hughes, of Soden, states (*Deut. Med. Wochen.*) to be that it is a mixture whose composition is not uniform and whose taste is disagreeable and productive of gastric disturbance. Guaiacol was an improvement, as it is a definite compound, but it is as disagreeable to take. The latest substitute for creasote is benzosol, a compound formed by the union of guaiacol and benzoic acid. It occurs in the form of a white powder which may be prescribed as follows:

℞ Benzosol, gr. lxxv.
Ol. menth. pip., ℿiss.
M. ft. trochisc, No. 20.
Sig. One or two troches three times daily after meals.

The results obtained are said to be excellent. Phthisical patients state that it makes them feel stronger, increases the appetite, and diminishes the cough.

Buffalo, N. Y., Letter.

On January 1, Buffalo's new charter went into effect, making several changes in the Health Department. Instead of the old board, comprising the President of the Common Council, City Engineer and Comptroller, the new one consists of the Mayor, Commissioner of Public Works and the Health Commissioner, physicians appointed by the Mayor for five years at $4,000 annually. The first incumbent is Ernest Wende, the well-known dermatologist, who is an active and popular member of various professional and scientific societies, and whose appointment meets with universal approbation. Formerly there have been six Sanitary Inspectors who are legislated out of office, their duties devolving upon the Commissioner and his deputy, Dr. Pettit, and to some extent upon the district physicians, who are, as before, eight regulars and two homeopaths.

Contrary to a report in a New York paper, there is no epidemic of diptheria here, and even grippe is not very prevalent nor very severe.

Prof. Charles Cary, commenting on a Philadelphia clinic, in which cases of various respiratory and digestive troubles, rheumatism and even cardiac murmurs and obscure nervous disease had been included under the name grippe, deprecated such a use of the word, taking the ground that even if grippe were an exciting cause, the diagnosis was insufficient.

At the last Medical and Surgical Association meeting, Prof. M. D. Mann reported six cases of extra-uterine pregnancy, two of them desperate, successfully operated upon in the last year. Drainage was used in only one case. One of the patients had a false labor thirteen years ago at the eighth month, a correct diagnosis being made. Eight years ago she married a second husband; five years ago Dr. Mann first saw her and diagnosed a lithopedion. Last October she began to suffer and to pass fecal matter through the bladder. On operation the fetal sac was found to communicate with the bladder, with the small intestine high up and with the sigmoid flexure. The cranial bones were removed separately; below the sphenoid the neck and trunk were intact and even the soft viscera well preserved; of the limbs little remained but the long bones. The fetus was mummified, but was not a true lithopedion. The intestinal openings into the sac were so large as to require resection, Dr. Mann and Prof. Roswell Park operating simultaneously. Although the contents of the sac were very foul there was no leakage, and the abdominal toilet and drainage were dispensed

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with. Dr. Mann emphasized the necessity of diagnosing extra-uterine pregnancy which he thought more common than it is usually supposed, since besides these six cases he had in the past year seen seven others, six early enough for successful treatment with galvanism.

Dr. H. E. Hayd, in a paper on "Faradism on Gynecology," advised a long fine wire induction coil with a rapid interrupter, for the relief of uterine and ovarian pain.

At the Clinical Society meeting, Wm. C. Krauss demonstrated cerebral topography with a marked plaster cast. Jas. W. Putnam spoke on cerebral localization with regard to operable lesions, abscess, epilepsy, tumors, etc. Referring to abscess of the frontal lobe he stated that though not characterized by motor nor special sensory symptoms there were marked psychical changes. In one case following the snaring off of a nasal polyp, Dr. Park operated and removed an ounce of pus. Notwithstanding, the patient died, and on examination another abscess was found in the other frontal lobe. Dr. Park had passed the exploring needle in several directions, but had just missed this collection of pus. A new theory of Dr. Putnam's is that localizing symptoms may be found in epilepsy by watching the movements in sleep or when the patient is excited, but not in a convulsion. In several cases he has found that one part of the body is moved in preference to others, although the convulsions have no signal symptom. He is not yet prepared to advise operation on the strength of such movements.

Prof. Roswell Park said he was the first to operate on the brain, relying on cerebral localization, antedating Horseley by three or four months. Eight years ago he advocated the exploration of the brain with a hollow needle, and the editor to whom he sent his paper suppressed this part of it as a matter of personal kindness. He thought that family physicians should note carefully the location of all cranial injuries even if the immediate effects are not apparent, such data being of the greatest value to operators for brain lesions. The responsibility for many cerebral abscesses rests on the men are not aseptic in their first dressing of compound fractures of the skull. The most frequent cause of cerebral abscess is middle ear disease, the abscess usually being in the temporal, sometimes in the occipital lobe. He had operated on four cases of defective development of the brain by Lanalon's method of sagittal separation which he considered feasible only when the skull was very thin. Improvements followed in all.

Prof. Herman Mynter, in the discussion, said he had operated on five similar cases, but he thought the operation a fad, the good results being only temporary. He considered the scars and history of accident more reliable guides than localizing symptoms.

Prof. John Paramenter opposed this view, citing a case he had seen in London in which the surgeon trephined at the site of a scar two inches from the center indicated by the symptoms. He found no lesion and the patient died. An abscess was found post-mortem where the symptoms had located it. Referring to the London treatment of idiocy, he spoke of a very marked case which he had seen with Dr. Putnam which was relieved by operation on a tight prepuce. A. L. B.

From Pennsylvania.

We have received the following letter from Pennsylvania:

MEDICAL REVIEW: You may enter my name as a subscriber to the REVIEW, which I take to be an excellent journal.

Though of the Homeopathic School, I sincerely appreciate your gentlemanly courtesy toward us, and must wish you the success you richly deserve.

Hastily, but truly, ———

A School-Boy's Composition on Bones.—The following composition was actually written for a school exercise, and is so amusing and bright that it was handed me by the teacher (*Science News*). The writer is not a member of the Agassiz Association, but ought to be!

BONES.

Bones are the framework of the body. If I had no bones in me I should not have as much shape as I have now. If I had no bones in me I should not have so much motion, and grandmother would be glad, but I like to have the motion. Bones give me motion because they are something hard for motion to cling to. If I had no bones my brains, lungs, heart and large blood vessels would be lying around in me and might get hurted, but now the bones get hurted, but not much unless it is a hard hit. If my bones were burned I should be brittle, because it would take the animal out of me. If I was soaked in a acid I should be limber. Teacher showed us a bone that had been soaked. I could bend it easily. I would rather be soaked than burned. Some of my bones don't grow close to my body, snug, like the branches of a tree, and I am glad they don't, for if they did I could not play leap frog and other nice games I know. The reason why they don't grow that way is because they have joints. Joints is good things to have in bones. There are two kinds. The ball and socket, like my shoulder, is the best. Teacher showed it to me, only it was the thigh bone of an ox. One end was round, smooth and whitish. That is the ball end. The other end was hollowed in deep. That is the socket, and it oils itself. It is the only machine that oils itself. Another joint is the hinge. Another joint is the hinge joint, like my elbow. It swings back and forth and oils itself. It never creaks like the school-room door. There is another joint that don't seem like a joint. That is in the skull. It don't have no motion. All my bones put together in their right places make a skeleton. If I leave any out, or put any in their wrong places, it arn't no skeleton. Cripples and deformed people don't have no skeleton. Some animals have their skeletons, on their outside, I am glad I ain't them animals, for my skeleton like it is on the chart would not look well on the outside.

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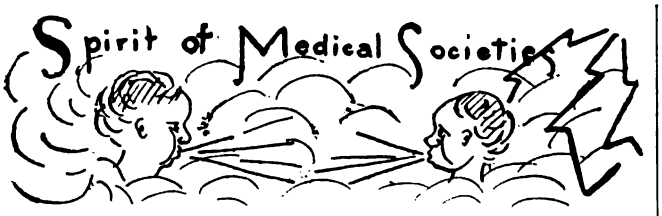

Lymphadenoma of Mediastinum.—Mr. T. Geraty read notes of a case before the Nottingham Medico-Chirurgical Society (*Brit. Med. Jour.*). The patient was a man, aged 30, whose previous health had been good, and who had no family history of cancer. Three months before death he complained of recurring neuralgic pains in hypochondriac regions. He had a sense of choking but no difficulty in respiration or swallowing; there was slight edema of the head and neck, complete absence of cough or febrile symptoms. Neither auscultation nor percussion revealed any abnormality. Rest gave considerable relief. Twice all the symptoms disappeared, and he seemed on the point of recovering. For six weeks before death he expectorated pure blood in small quantities daily. The most prominent symptom for a short time before his death was marked anemia. He had not at any time true dyspnea. Post mortem showed a firm white mass surrounding the vessels going to and leaving the heart and passing up on the trachea as high as the thyroid. On either side the mass was adherent to the lungs and behind was found slightly attached to the vertebral column.

Herpetic Fever.—Dr. Court read a paper on herpetic fever before the Sheffield Medico Chirurgical Society (*Brit. Med. Jour.*), applying this term to a class of cases which he frequently met with, attended by an eruption of herpes labialis, the eruption being accompanied by pyrexia, headache, vomiting, and gastric disturbance, pain in the side, and frequently but not invariably by pneumonia. These cases ran a very definite course, the eruption appearing about the third or fourth day and lasting about six or seven days, and the whole attack occupying from nine to twelve days. When pneumonia was present it differed from the ordinary type in not being marked by the usual stages, and in the small amount of expectoration in proportion to the extent of the lung mischief, recovery also being by lysis rather than crisis. In other cases the symptoms met with were chiefly to abdominal. Mr. Court related the particulars of several of his cases as examples, some of them clearly showing the epidemic character of the complaint. He contended that the herpetic eruption had nothing in common with herpes zoster, but was rather the local expression of a constitutional malady caused by some specific poison like that of measles or scarlet fever. He further remarked on the favorable prognosis in cases of pneumonia which had herpes labialis for a trade mark, quoting some observations of Dr. Hilton Fagge on this point, and arguing that this fact indicated a specific cause. Herpes did not occur in cases of pneumonia which arose secondarily to other morbid states, but only when the pneumonia was of a certain specific type. Herpes was not simply an indication of a febrile state, as it seldom if ever occurred in acute rheumatism, typhoid, or other specific fevers. On the other hand, an epidemic of simple herpes often coincided with the prevalence of epidemic pneumonia. Dr. St. Clair Symmers had found a new chromogenic micro-organism in the vesicles of herpes labialis which he believed to be pathogenic, and this discovery might ultimately throw further light on the questions he (Mr. Court) had raised.

Prevalence of Ophthalmia Neonatorum.—Dr. T. B. Schneideman stated in a paper read before the Philadelphia County Medical Society that this subject has been very thoroughly worked out in Europe, and a mass of statistics has been accumulated. According to the report of the Royal Commission on the Blind, published in 1889, 30% of the inmates of the institutions, and 7000 persons in the United Kingdom, have lost their sight from this cause. Professor Magnus, of Breslau, finds that no less than 72% of all who become blind during the first year of life are rendered so by purulent ophthalmia; and even of those who become blind before the twentieth year of life, it constitutes as much as 23.50%. Looking at the subject in another way, he shows that of 10,000 children under five years of age, 4.28 are blinded by purulent ophthalmia. In the blind asylums of Switzerland the proportion who have lost their sight from this disease is 26%; in the asylums of Austria, Hungary and Italy about 20%; while in Spain and Belgium it falls to about 11 or 12%. And in this city Dr. Harlan, as the result of examination of the eyes of 167 inmates of the Pennsylvania Institution for the Blind, found that 55 owed their affliction to purulent ophthalmia, and more than half of these were of the form occurring in infants.

Tumbler in Rectum.—At a meeting of the Societe de Chirurgie M. Marchand exhibited a large glass tumbler which he had extracted from the rectum of a man of 48, seventeen days after its introduction. The reporter was compelled to cut the perineum in its posterior part in order to release the foreign body.

Treatment of Enuresis.—According to the London correspondent of the *American Lncet*, Mr. W. M. Powell reports the cure of sixteen cases of enuresis by means of rhus aromatica and great attention to diet, etc. The cases had been treated unsuccessfully by other means. The treatment continued over a month. His formula is:

℞ Extract rhus aromat., - - ℥iij.
Elixir aromat., - - - - ℥iss.
Aq. cinnam,, - - q. s. ad ℥iij.

M. Sig.: One and a half drachms, to be gradually increased to four drachms four times a day, after meals.

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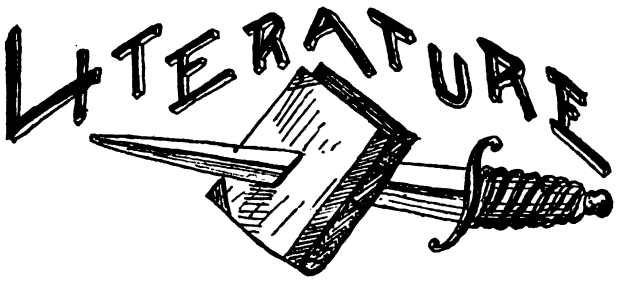

Sacral Resection and Its Application to Gynecological Work, forms the subject of an excellent paper by Dr. E. E. MONTGOMERY, of Philadelphia, who performs a modified Kraske operation in certain cases of diseased tubes, etc. This paper was read before the American Association of Obstetricians and Gynecologists and comes to us in the form of a reprint.

1. **Amputation of the Cervix Uteri,** With Report of a Case.
2. **Hypertrophy of the Prostatic Gland,** Retention of Urine, Cystitis, New Operation and Cure.

Both of these are reprints of articles by DR. E. B. ROBERTSON, of Jackson, Cal., which appeared in the *Pacific Medical Journal.* The new operation consisted in introducing the left index to the rectum, a protected scalpel being passed along the finger cutting edge up. Then, by depressing the handle of the scalpel, its cutting edge was caused to divide the anterior wall of the rectum, the areolar tissue, the fibrous sheath of the prostate, and into the substance of the gland from its base to its apex.

1. **Treatment of Urethral Stricture,** and a New Divulsor for Rapid Dilatation.
2. **Improvement of Evacuators** for Litholapaxy and Later Developments of the Operation.

These two papers by Dr. OTIS K. NEWELL, of Boston, are reprints from the *Medical Record.* In the first one the author maintains that divulsion in urethral stricture is the most certain and rapid method. He presents illustrations of a new divulsor devised by himself. In the second paper we have presented a very excellent study not only of litholapaxy, but of the surgical relations of the male urethra to the bladder. He holds, and apparently with reason, that a straight open end tube is a much better instrument to empty a bladder of crushed fragments of stone, than a tube with an unguiform tip. He also presents an evacuator which he says will aspirate fine sand.

1. **Case of Spina Bifida. 2. Aseptic Closure of Long Standing Sinuses. 3. Scope of Orthopedics.**

These reprints on orthopedic subjects are from the pen of Dr. H. AUGUSTUS WILSON, of Philadelphia. The first article, reprinted from the Transactions of the American Orthopedic Association describes a case of spina bifida with partial motor and sensory paralysis of both extremities, complete paralysis of the sphincters of the bladder and rectum, double equino varus, and purulent bursites. Among other things the author states that statistics would seem to indicate that there is one spina bifida in 1,013 births. The second paper deals with the aseptic closure of long standing sinuses having their origin in tubercular joints and originally appeared in the *Times and Register.* The author states that he has closed and kept closed for a year a sinus of the hip-joint of twenty three years' standing, among others. The third reprint consists of two lectures printed in the *Medical and Surgical Reporter,* the subjects dealt with being the forms of club foot, tenotomy, the etiology of club-foot, the treatment of club foot, and the plaster-of-Paris bandage.

1. **Concealed Pregnancy: Its Relations to Abdominal Surgery. 2. Tubercular Peritonitis. 3. Case of Hematophilia. 4. Cases of Cholecystotomy. 5. Retro-peritoneal Tumors.**

These are all excellent papers written by DR. ALBERT VANDER VEER, of Albany, N. Y. The first is a valuable monograph reprinted from the *American Journal of Obstetrics,* containing a number of tables of the highest value. The second reprint before us (from the *Virginia Medical Monthly*) deals with tubercular peritonitis with the recital of some cases. The author looks upon simple incision as the best treatment. The third is the report of an interesting case of hematophilia in which the whole family were bleeders. This is reprinted from the *Archives of Pediatrics.* It constitutes a very interesting record of this strange tendency to bleeding observed in some individuals. In the fourth reprint (from the Transactions of the American Associations of Obstetricians and Gynecologists) the author reports a number of cases in which cholecystotomy was performed. He deals more particularly with special reference to the treatment of calculus lodging in the common duct. The fifth reprint, from the *American Journal of Medical Sciences,* is one in which we find a consideration of the anatomical relations, pathology, diagnosis, and treatment of retro peritoneal tumors. Three cases are given together with details of the surgical procedures adopted in each one.

The North Texas Hospital for the Insane has issued its 7th annual report for the year ending October 31, 1891. The non restraint system is employed so far as it can be carried out. Nearly one-third of the patients have been discharged "restored." There still remain 606 as against 490 one year before.

The Surgical Treatment of Pyloric Stenosis by N. SENN, M.D., Ph.D., is a paper which appeared in the *Medical Record* of November 7 and 14, 1891. The paper is written in the usual complete manner of the author and deserves careful and attentive reading.

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The Navy is well provided with surgeons. There exist at present but four vacancies.

The Kentucky School of Medicine has issued its 36th Annual Announcement.

Ether Drinking is becoming fashionable in Paris, where it is taken with brandy, half and half.

A Woman in New York State who is 30 years old, and who has been married 8 years, is said to have given birth to 14 children, of which only 4 are still living.

The Largest Name for a hospital which we have seen of late is that adopted for one in Berlin, which runs in this wise: Kaiser-und Kaiserin-Friedrich-Kinder-Krankenhaus. We rest!

Yellow Fever.—Recent reports from Brazil indicate that the epidemic of yellow fever shows little or no signs of abating at Santos. At Rio Janeiro, the conditions are much better. Yellow fever is reported in the Island of Jamaica.

Dr. Wm. D. Middleton, of Davenport, Iowa, has been appointed surgeon-in-chief of the Chicago, Rock Island and Pacific Railway. His appointment was made to supply the vacancy caused by the death of Dr. W. F. Peck the former incumbent.

A Hard Condition.—A London physician, who advertised in the daily papers that his medicines are powerful, not poisonous, but pleasant to the palate, lays down as a necessary condition for his women patients that they leave their corsets at home. He is said to have quite a large female clientele, nevertheless.

The Post-Graduate for this year, will be published as a monthly journal on the 6th of every month. Each number will contain thirty-two pages of matter not before published in any journal. There will be leading articles on important subjects, the Clinical Society of the Post-Graduate School will be fully reported, while the current medical topics of our day will be commented upon as has been done during the last year.

Power of Alcohol.—An exchange states that a temperance lecturer, in order to illustrate the poisonous effects of alcohol, placed a drop of water in his stereopticon, and the image upon the canvas disclosed millions of living, active animalculæ. He then placed a drop of alcohol in the water, when lo! every living germ was instantly killed. However, before he was able to enforce the lesson, some one in the audience exclaimed, "By Jove, I'll never take another drink of water as long as I live without mixing it with whiskey."

An Unnoticed Corpse.—The New York correspondent of the *Med. Age* says that the corpse of a man was recently discovered standing in front of an open window in the lower part of the city. The man was subject to attacks of asthma, and probably during the night had gone to the window to get more air. The window overlooks a busy street, and the elevated trains go by every few minutes, and yet the corpse stood there for 48 hours before the discovery was made.

Alvarenga Prize for 1892.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about One Hundred and Eighty Dollars, will be made on July 14, 1892. Essays intended for competition may be upon any subject in Medicine, and must be received by the Secretary of the College on or before May 1, 1892. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College.

Association Railway Surgeons.—Owing to the failure to complete the new hotel at Hot Springs, Va., as was expected, in time for the next meeting of the association it was found necessary to change the place of meeting to some other point on the line of the Chesapeake & Ohio railroad. The officers and executive committee of the National Association of Railway Surgeons have unanimously decided on Old Point Comfort, Va., as the best place for the meeting and the Chesapeake & Ohio railroad company have extended the same courtesies to the members for Old Point Comfort as it offered for Hot Springs, and furthermore offers the courtesies of the road to all members who desire to go to Hot Springs to see the beautiful scenery of that portion of their picturesque lines.

Amusing Case.—Dr. W. B. Wenning reported the following amusing case to the Cincinnati Academy of Medicine (*Lancet Clinic*): A gentleman came into my office recently stating that he had a rather queer case. He had been married about two weeks, giving this as a part of the history. The night before, his wife, whilst they were both sleeping, had slipped off her marriage ring and slipped it on his penis. The penis was very much swollen. On examination I found the ring at the root of the penis, next to the mons veneris. I first tried to remove it by cutting it in two with a saw, but failing in this I finally succeeded in dividing it with a pair of cutting forceps; and bending the ends back with a pair of pliers, it came off without any further trouble.

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Dr. Bass Rawson, who settled in Findlay, Ohio, in 1829, died very recently at the advanced age of 93 years.

Dr. J. H. Bryant, of New York, has been appointed Surgeon-General on the staff of Governor-elect Roswell P. Flower.

Montpellier Medical and the *Gazette Hebdomadaire des Sciences*, of Montpellier, France, have joined forces and the fusion will appear under the former name.

The Night Medical Service, of New York, died a natural death. The night service, of Paris, however, continues, and reports show that over 2,000 calls are made yearly.

The Lettsomian Lectures for 1892 are to be delivered by Prof. William Rose, M.B., F.R.C.S., Eng., who has chosen as his subject the Surgical Treatment of Trigeminal Neuralgia.

New Hospital in California.—By the will of the late Mrs. Catherine Garcelon, of Oakland, Cal., the sum of about $600,000 is bequeathed to found a hospital in Oakland. Bowdoin College is to receive about $400,000.

The Influenza Bacillus is said by the newspapers to have been discovered and cultivated by Dr. Peifer, of Berlin. The reports are very incomplete stating that the bacillus is minute and resembles the micrococcus pyogenes!

The Death has been announced of Dr. Mess, municipal physician of the bathing establishment of Scheveningen. The diseased was Knight of the Order of the Lion of the Netherlands, and bore several other honors of a similar kind.

Hard on the Germans.—Dr. Douglas, in the *Med. and Surg. Reporter*, describes the hospitality of the Germans at the late Berlin International Congress as after the fashion of a gentleman who invited his friends to dine with him, and after the dinner invited them to pay *pro rata* for the banquet.

The Argentine Medical Association which holds its sessions in Buenos Ayres is officered by the following:

President.—Dr. Emilio R. Coni.
Vice-President.—Dr. Eufemio Uballes.
General Secretary.—Dr. Alfredo Largarde.
Recording Secretary.—Dr. Juan B. Justo.
Librarian.—Dr. Jaime R. Costa.
Treasurer.—Dr. Jorge Laure.

There is a membership of nearly 300 and 66 American and European journals are on file in the library of this prosperous society.

Australian Medical Congress.—The Third International Medical Congress, of Australia, will be held at Sydney, in September of this year. Those desiring information concerning the meeting should address Dr. Knaggs, 16 College Street, or Dr. Anderson Stuart, Sydney University, Sydney, N. S. W.

A Generous Donation.—A sum of £5000 has just been bequeathed to the London Hospital Medical College for the purpose of founding scholarships by the late Dr. H. E. Price, of Brighton. Dr. Price was an old student of the College. The bequest is free of duty, and Dr. Langdon Down (an uncle of the testator and consulting physician to the hospital) is one of the trustees.

"Fasting" Exhibitions Condemned.—The verdict of the coroner's jury of New York City in the case of the death of Stratton, the "faster," is worthy of commendation. That decision recites that the so called "fasting exhibitions are to be regarded as demoralizing and criminal, and they should be prohibited by legal enactment." The duration of this unfortunate starved being's alleged fast was forty-one days.

New Site for Columbia College.—As Columbia College, New York, is considerably cramped for room in its present location, it is probable that another site will be selected for it, and a committee has been authorized by the trustees to secure from the New York Hospital a six months' option on a portion of land now occupied by the Bloomingdale Asylum, the department for the Insane of the hospital, which is shortly to be removed to White Plains.—*Ex.*

Faith Cure.—Judge James Watson, of Aspen, Col., died early this month of pneumonia. It appears that his wife believed strongly in Christian Science and refused to call a physician. It seems that in addition to a physician, a nurse, who also believed in Christian Science, was provided. A conspiracy was entered into by the nurse and wife and the medicine was extracted from the capsules ordered. It is said that indignation runs high in Aspen over the unfortunate result of this attempt at faith cure.

A Doctor Murdered.—Dr. Flavius M. Wilder of 2515 Wabash Ave., Chicago, was shot and instantly killed on Jan. 13 last. The murdurer was John Redmond, who acquired notoriety in 1888, when his infant daughter was abducted from home. At the trial of the case the doctor testified that Redmond was insane and this is said to have been the motive which led to the murder. Dr. Wilder was summoned to Redmond's boarding-house and he went there and rang the bell. Redmond opened the door, and without a word, fired four shots at the doctor, all of which took effect. Two bullets entered the forehead and two pierced his chest. Redmond was released from the Kankakee asylum two years ago.

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The Dietetic and Hygienic Gazette comes out for January with a new title page which is quite elaborate in design.

Suicides which are mortal are estimated to be 180,000 annually in civilized countries. Suicide is rare among mountain dwellers, or among those who live in marshy plains.

Dr. Ira Pace, of Decatur, Ill., is said by the newspapers to be held on a charge of performing an abortion on Miss Addie Moore, of Welldon. The child was found, and the girl was in a very precarious condition.

Anosmia Following Double Oophorectomy.—Dr. S. Gottschalk reports a case of total loss of smell following about eighteen months after castration. The usual nervous disturbances of the climacteric were present, and the author attributes the anosmia to this condition. Great improvement followed the local use of galvanism.

Dr. Harbin Hung.—On January 15 last Dr. J. W. Harbin was hung at Poplar Bluff, Mo., for the murder of A. Smith in 1888. He declared himself innocent until the end. Harbin was a native of Tennessee and raised near Nashville. About six or seven years ago he moved to Missouri. The cause of the murder was supposed to be due to some financial taansactions between the men.

A Wife's Affections Stolen by a Doctor.—John O. Bowman, a Philadelphia lawyer, has brought suit in the Superior Court of New York City, against Dr. C. Ellsworth Hewitt to recover $100,000 for the alleged alienation of the affections of Mrs. Bowman. Dr. Hewitt is under arrest. He is a married man with two small children, his wife being living and with her parents, cruel treatment having necessitated this.

Illinois Doctors.—On January 15 last and during the preceding week, the Illinois State Board of Health issued licenses entitling to practice medicine in the State to the following physicians: John H. Copeland, Lawson Drais, Albert L. Day, Enos A. Edmonds, Philmon D. Harding and Elijah P. Noel, of Chicago; Coleman J. Eads, of Oquawka, Henderson Co., and to Helem M. Lynch, of Highland Park, county of Lake.

Pan American Medical Congress.—The Committee on Organization of the Pan Americal Medical Congress at its meeting at St. Louis last October, elected the following International Executive Committee: The Argentine Republic, Dr. Pedro Lagleyze, Buenos Aires; Bolivia, Dr. Emelio Di Tomassi, La Paz; Brazil, Dr. Carlos Costa, Rio de Janeiro; British North America, Dr. Jas. F. W. Ross, Toronto; British West Indies, Dr. James A. De Wolf, Port of Spain; Chili, Dr. Moises Amaral, Santiago; United States of Colombia, Dr. P. M. Ibanez, Bogota; Costa Rica, Dr. Daniel Nunez, San Jose; Ecuador, Dr. Ricardo Cucalon, Guayquil; Guatemala, Dr. Jose Monteris, Guatemala Nueva; Haiti, Dr. D. Lamothe, Port Au Prince; Spanish Honduras, Dr. George Bernhardt, Fegucigalpu; Mexico, Dr. Tomas Noriega, City of Mexico; Nicaragua, Dr. J. I. Urtecho, Grenada; Peru, Dr. J. Casamira Ulloa, Lima; Salvador, Dr. David J. Guzman, San Salvador; Spanish West Indies, Dr. Juan Santos Fernandez, Havana; United States, Dr. A. Vander Veer, Albany N. Y.; Urugua, Dr. Jacinto De Leon, Montevideo; Venezuela, Dr. Elias Roderiguez, Caracas. Hawaii, Paraguay, Santo Donungo, the Danish, Dutch and French West Indies are not yet organized. Nominations of local officers have been received from a majority of all the members of the International Executive Committee and a number of the lists have been confirmed by the Committee on Organization. These will be announced as rapidly as acceptances are received.

CHARLES A. L. REED, Secretary-General.

Cincinnati, O., January 15, 1892.

Pan-American Medical Congress.—The arrangements for the meeting of the congress in 1893 are being rapidly pushed. For a time it was expected that the preliminary publications would be printed in English and Spanish only. It has been decided, however, by the executive committee to use the Portugese also, out of consideration for the large number of distinguished physicians in South American who speak this tongue, and have promised their cordial support toward the success of the undertaking.

Denver Undertakers have for some time been in the habit of burying people whenever they felt inclined without the formality of a permit, but now it is said (*Ex.*) that the Board of Health has issued very stringent instructions to funeral directors and superintendents of cemeteries. Hereafter the funeral director in charge will be required to present the burial permit to the cemetery officials before any interment will be allowed. It was a Denver undertaker, we believe, who used to display an attractive advertisement with the taking legend, "You kick the bucket, and we do the rest."

The Medical Review Visiting List Perpetual contains 24 pages of text with 37 pages of blanks usually found in such books.

In the text may be found: Artificial Respiration, Care of Galvanic Batteries, Disinfectants, Examination of Urine, Poisons and Antidotes, Tables of Doses, Doses of Medicine for Children, Table of Equivalents, Comparison of Thermo metric Scales, Metric System of Weights and Measures, Diet Tables for Diabetics, Diagnostic Table of Euptive Fevers.

Being perpetual, price 75 cents readers it a cheap, useful Visiting List, and will be sent post paid on receipt of price. See ad. Page vi.

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A Hospital for Skin Diseases will soon be established in St. Petersburg.

Blistering over the vagus is said to be efficient in cases of vomiting at times.

Dr. Austin Flint has been decorated by Venezuela, and been accorded the Order of the Liberator.

Dr. A. D. Rockwell has resigned the Chair of Electro-Therapeutics at the New York Post Graduate School.

Dr. Antal Genersich, Professor of Pathological Anatomy in the University of Klausenburg, has a Hungarian title of nobility.

The Societe de Medicine, of Paris, has elected the following officers for 1892: President, M. Dubuc; Vice-President, M. Dubrisay; Secretary, M. Christian: Treasurer, M. Gillebert-Dhercourt.

A Crematorium is to be erected in the Berlin City Cemetery at Friedrichsfeld, which it is intended to be made superior in point of structure and installation to any now existing in Europe.

Dr. Formad Resigns.—Dr. Henry F. Formad, who has been Coroner's Physician for the past eight years, lately tendered his resignation, and Dr. Henry L. Sidebotham was chosen as his successor in Philadelphia.

Death has stricken a large number of distinguished physicians in all portions of the civilized world during the months of December, 1891, and January of this year. It is to be hoped that we will not be driven to the mournful necessity of recording many more such.

The Emperor of Germany, in honor of Virchow, has decreed that Thirty-second Street, Ward XIII, leading to rear of the civil hospital, Friedrichshaus, in Berlin, shall receive the name of "Virchow's Street." He, as is known, promoted the foundation of this hospital, established chiefly by his gift.

The Feeble-Minded in Russia.—During the last five years, of 1,852,689 men between the ages of twenty and twenty-five who presented themselves for military duty in Russia no less than 3,390 were discharged for mental unsoundness, or 1.8 to every thousand of the entire draft, says the *Medical Record.* In the Siberian districts 46,676 men were drafted, of which 117 were disqualified for the same reason, indicating 2.5 to the thousand. In the three Governments of Caucasia 3,327 men were called in and 20 of their number, or 6 to the thousand, were dismissed. Dr. Ignatieff, of St. Petersburg, taking these figures as a basis, estimates the number of feeble minded in Russia proper as 9 to every thousand of the entire population, and proportionally greater numbers in Siberia and the Caucasus.

Another Cure for Alcoholism.—Illinois seems to be prolific in this sort of thing. Now comes a doctor of Macomb, Ill., who claims that he has discovered a cure for dipsomania. He will not explain his method but he gives hypodermic injections. Of course, his method is a superior one and, if he meets with success (financially) he will open an "institute" at Bushnell, Ill.

The Death of Moutard-Martin is announced. He was one of the most distinguished practitioners of Paris, having been elected President of the Academy of Medicine for the year 1890. He was born in January 1821, and his sudden death at the age of 70 has cast a gloom over the profession of Paris. He was the author of a number of brilliant monographs on thoracic diseases and taught this branch at l'Hotel Dieu for a number of years.

Too Many Medical Journals is not the correct way of putting it. There are not enough of these. There are too many imitations of medical journals gotten up no one knows why and continuing to exist no one knows how. Perhaps the advertisers could "a tale unfold," but they hardly care to do so. We would be pleased to see a few more medical journals with medical news and literature in them.

Practice in West Australia.—A correspondent says in one of our exchanges that his impressions of West Australia, so far, are that it is very unfavorable for medical men. In the north-west of West Australia the climate is unbearably warm, although the heat is dry, great dearth of rain; living is bad (tinned dishes, no vegetables, no fruit, scarcity of milk) times and conditions are rough, and there is no comfort to be obtained from the worry of the pests (mosquitoes, sand flies, and ordinary house flies); snakes are abundant. Perth, the capital, is overcrowded with doctors, and the other towns are the same. This is written merely to give a word of warning to any coming to West Australia, more especially to the north-west parts.

Crystallized Chloroform.—Pictet's method has been applied to chloroform. It is crystallized at low temperature, the mother liquor is separated, and the crystals on liquefaction produce a body which has a much more uniform boiling point than that prepared by the ordinary methods. The specific gravity is not quite up to the promised point of 1510, but it appears to be about 1438, which probably indicates that a small addition of alcohol has been made to preserve it. It is, however, apparently a preparation of chloroform which is pure, and has a more uniform boiling point than those which have hitherto been presented in commerce. No doubt this will be found an interesting product for medical use and for clinical investigation; and it may be hoped that its use may be accompanied with less risk, but as to this nothing can at present be said.

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The Doctor is one of the stock characters in the modern novel now-a-days, and he also seems to be a frequent actor in courts of justice.

New York has 49 dispensaries and infirmaries of which three are German; 61 hospitals, general and special; nine medical colleges of which one is eclectic, one homeopathic and one for women; and 34 medical societies of which two are German.

The Sidney Hospital, of New South Wales, is said to be in a shameful condition. Not only are the means provided inadequate, but the buildings are too small and dangerous beside. Numbers of patients who should be admitted for treatment, are refused for want of room.

The Societe de Chirurgie has elected the following officers for 1892:

President: M. Chauvel.
Vice President: M. Perier.
Recording Secretary: M. Bouilly.
Corresponding Secretary: M. Kirmisson.
Treasurer: M. Schwartz.
Recorder: M. Reclus.

Small-pox is asserted to have been unknown in Mexico before the beginning of the sixteenth century, and it is said that a negro imported it in 1520. It soon spread over the country, claiming among its victims Cuitlahuatzin, Montezuma's brother, and the last but one of the Emperors of the Aztecs. The disease in this part of the world appears to be most common in the spring and at the beginning of summer, more particularly in the temperate and cold zone than in the hot country. In the latter, vaccination, which has only recently been obligatory in the Federal district, and which is not gen erally practised, takes with more difficulty. Scarlet fever is very rare.

Opium Sale in India.—The prevalence of the use of and the enormous sales of opium in British India may be faintly surmised from the following extracts taken from a letter addressed to the *Provincial Medical Journal* by English physicians residing in India:

The Government of British India has the entire monopoly of the poppy growth, and of the manufacture and sale of opium throughout its territories. It can and does extend or restrict the cultivation of the poppy as it pleases. Recently within a period of five years it has in Bengal reduced the extent of cultivation by 100,000 acres. It has done this neither at the call of, nor with any remonstrance from, its people, but solely in connection with the fluctuations of its opium trade with China. There is no question as to its power to put down the cultivation over the remaining 400,000 acres which are now occupied with the poppy, just as easily as it has put it down over 100,000 acres. It is simply a question of revenue.

According to Government authority, there are now in British India 10,417 shops licensed for the sale of opium. In 1888 the official statement was 8,931. The opening paragraph of the licenses for the sale of opium in the Bombay Presidency runs as follows: "That he [the license.] will sell by retail at the shops aforesaid not less than . . . lbs. [sometimes as many as 10,000 lbs.] of duty paid opium in the aggregate during the period aforesaid. If he sells less than that quantity, he will pay to the Government, in the manner and on the dates hereinafter specified, penalty at the rate of Rupees 5 per pound on the quantity of opium required to make up the said minimum." Evidently the licensee is bound for his own sake to push the sales. There is no restriction on the largeness of the quantity to be sold, only on the smallness. The licenses in other quarters of India, though not in the same terms, bring their holders under the thumb of the Government collector if business is not sufficiently brisk.

In the streets of Bombay the opium vendors expose their boards in front of their shops, and on these below the name of the vendor you read:

LICENSED OPIUM VENDOR.
Price 5 annas per tola.

Five annas is equivalent to a fraction over five-pence, and one tola is equal to 180 grains. Any man may go in and purchase up to ten tolas.

It is to be remembered that this very opium so freely sold in India cannot be brought from India into England without coming into the category of poisons, and it can only be sold as such.

As a result of the facilities afforded by the Government for the opening of opium shops, and for the free purchase of opium by all and sundry, the habits of opium smoking and opium eating are very rapidly growing among our Indian fellow-subjects, and it need hardly be added that the effect of such indulgence is both moral and physical debasement. Neither can it be denied that the free sale of opium opens the door in India as in China to innumerable acts of suicide, and still worse to frequent quiet but wilful acts of murder of little children, and also to the widespread inoculation of children with the opium habit from the practice of mothers using it to narcotise their children during the hours while they themselves are at work.

Some Diseases in Japan.—Dr. F. B. Stephenson, in a letter, to the Boston *Med. and Surg. Jour.* says that in Japan leprosy is not considered eminently contagious; and is not excluded from the general wards. He saw one case, of long standing, where the appearance was typical, but would scarcely attract attention on the street. It is observed here, that, of late, tuberculous affections are less numerous while leprosy has increased. The apparent relation of these two diseases may be explained by their bacilli being similar, is not identical. There is much blindness, due largely to keratitis consequent upon "disease" and uncleanliness during infan-

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tile life and later years. Many cases are doubtless the result of exposure to sun, wind and dust which children undergo. Being fastened securely to the shoulders of a nurse, herself quite young, the little one often cries and kicks in vain, frequently falling asleep with the face toward the hot sun.

It is said here, that rice-eating nations are less affected with cataract than other peoples; also, that rickets and consequently deformities are common among the Chinese and Japanese.

A Genuine Texas Shotgun.—*Meyer Brothers' Druggist* publishes the following: Below find a correct copy of a prescription handed me to be filled not long ago. Please publish as a genuine shotgun. If any of the boys can beat it I would like to hear from them through your columns:

Oil tar,	dr. ss.
Oil cubeb,	dr. ss.
Tincture phosphorus,	dr. ¼.
Spirits of eucalyptus,	dr. ss.
Nitro glycerin,	dr. ¼.
Tincture boyberry,	dr. ss.
Nitrate sanguinaræ,	gr. ij.
Sul hydrastes,	gr. vij.
Boracic acid,	gr. xx.
Asepcine,	gr. iv.
Iodine,	gr. ij.
Alum pulverized ex.,	dr. j.
Sulphur,	dr. ij.
Lycopodium,	dr. iij.
Vaselin,	oz. j.

M. Et. ft. ungt. Sig.: Use three times per day.

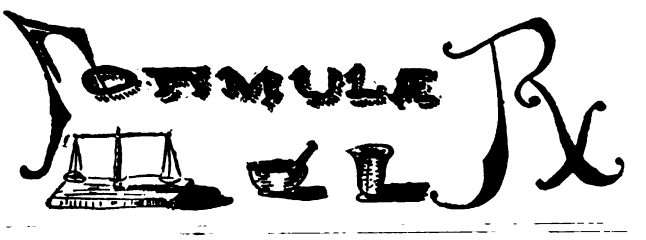
———, M.D.

It ought to make a hit!

Comparative Mortality.—People die twice as fast in Hungary as they do in Sweden. In the year 1889 out of every 1,000 persons living in the following countries there died, in England, 18; in Norway, 17; in Sweden, 16; in Austria, 27; in Hungary, 32; in Germany, 23; in France, 21, and in Italy, 25. How many died in the United States we do not know; because no account of them was kept in the greater part of the country; but it was probably 17 or 18 out of each 1,000 living. We do know, however, that they died faster in some cities than in others. For example, out of each 1,000 people living there died during the year ending May 31, 1890. in New York City, 27; in Brooklyn, 25; in Boston, 24 in Philadelphia, 22, in Chicago 21; in Detroit, 20; in St. Louis, 19, and in Minneapolis, 15, while in the country districts the loss was only 11 or 12 out of each 1,000.

Dr. A. J. Howe, the leading eclectic physician of the West, died at his home in Cincinnati on January 16 last.

Life is Shorter in the South than in the North, and in the flat, lowlying grounds than among the hills and mountains as shown by statistics.



Hereditary Syphilis.—Mr. Hutchinson uses the following in infants of about 2 months:

℞ Iodide of potassium,	gr.ss.
Solution of bichloride of mercury,	♏x.
Spirits of wine,	♏iv.
Water,	℥j.

M. Sig.: To be taken three times a day.

The liquor hydrargyri perchloridi of the B. P. has one grain each of corrosive sublimate and chloride of ammonium, in two ounces of distilled water.

Powder for Laryngeal Phthisis.—Dr. Robert Levy, after spraying the larynx with a cocaine solution of three to five per cent strength (*Med. and Surg. Rep.*), insufflates the following:

℞ Morphiæ sulphat.,	gr.x.
Pulv. iodoform,	℥jss.
Pulv. acaciæ,	℥ij.

M.

Compound Antipruritic Lotion.—Ohmann-Dumesnil uses the following for pruritus in general:

℞ Hydrag. bichlorid.,	gr.jss.
Ammon. muriat.,	gr.iij.
Acid carbolic,	℥j.
Glycerin,	℥ij.
Aquæ rosæ, q. s., ad	℥vj.

M. Sig.: To be used as required.

Malarial Cachexia.—Dr. J. H. Loving writes to the *Texas Courier-Record of Medicine* that he has found the following excellent for malarial cachexia:

℞ Cupri sulphatis,	gr.ij.
Strychninæ sulphatis,	gr.j.
Ferri sulphatis,	℥j.
Quininæ sulphatis,	℥ss.
Acidi sulphurici aromatici,	q. s.
Aquæ, q. s. ad	℥jv.

M. Sig.: A teaspoonful three times a day for five or six weeks.

Eczema and Psoriasis.—The following is credited to Dr. W. M. Fleming by the *Medical Bulletin*:

To remove the abnormal scaly formation of the skin and assist other treatment, the following has been found remarkably successful:

℞ Papoid,	
Boracic acid,	aa ʒss.
Glycerin,	
Aqua camphor,	aa q.s. to make a paste.

M. Sig.: Apply night and morning, allowing the paste to dry on the skin.

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Sphygmica.—This is the subject to which a recent translation of a Hindoo work is devoted, according to the *Brit. Med. Jour.* If any man ask what "Sphygmica" means, let him know that it is the "science of pulse;" and, according to Sage Kanad, if he has not listened to the Rishi physicians, he knows nothing about it. How can he know anything of the pulse when he does not know till he has studied Hindoo anatomy that there are "thirty-five millions of blood tubes inside the body of each corporeal being all fastened at the navel as center?" "English-knowing practitioners," it appears, treat the study of the pulse with indifference —yea, also with contempt. This is why medicine in our part of the world is in such a low and neglected state. Our sage tells us that "human frames, like drums, are covered with skin" (this may be the reason why Western children call the abdomen the "tum-tum"). "The pulse of the right hand and right leg is said to be capable of examination," but "it should be clearly understood that the right hand of the male, and left that of the female, should be examined." For neuralgia and desire of cohabitation the physician is to feel the pulse in the nose. A healthy pulse is calm and serene, and shows no sign of stupidity. In some conditions of health the pulse moves like a snake, leech, or scorpion; in others like a goose, peacock, pigeon, dove, or cock. When a patient's pulse at one time beats like a frog, and at another like a peacock, he would seem to be in a bad way. He is, moreover, in a still more serious condition when it beats like the "gestures of an elephant, a goose and harlot." When the movements resemble those of a quail, there will be no fear of incurable disease. When the pulse moves like a bee the death of the patient may be expected in about twenty-four hours. It is useful to know that if a patient experiences a burning pain at the heart he will remain alive "till so long the pain of the burning lasts"! In typhoid fever the pulse goes like "bird, quail and partridge." Some of the rules for preserving the health are exceedingly curious; we are advised to "keep half of the stomach empty at the time of meal," but we are not told which half. "Clean the tongue with butter by the aid of the fingers, and endeavor to lengthen it." "Take a piece of fine clean cloth about four fingers in width and two or three yards in length, and learn to swallow it gradually and bring it out. This practice will relieve chest complaints!" For headache we are advised to "insert soft threads into the nostrils and bring them out by the mouth, or draw water by the nose." If a man finds on rising from his bed on the morning after the new moon that his breath falls through the right nostril instead of through the left, as it should do, he can, for his benefit, change the course by putting something hard within his armpit."

As a Lady entered a crowded street car the other night an old man holding a little boy on his lap arose and offered her his seat. "Oh, no, keep your seat, thank you," replied the lady, "and hold your boy." "Oh, that's different," replied the old man, who was slightly deaf, "I had to stand up five days once myself with a boil. I'm sorry for you." And he resumed his seat amid the roar of laughter which followed.

Nature Asserted Her Rights.—Physician (in surprise to patient)—Why, you're getting better?

Patient.—Yes, doctor.

Physician (incensed).—Well, didn't I tell you there was no hope for you? Do you mean to ruin my reputation as a prognostitian?

Patient (meekly.—Yes, doctor, you must excuse me; I really couldn't help it.

Following Directions—Wife.—Faith, Dennis, that is too bad; yer have oopset yer coffee; let me get yez another wan.

Husband (reprovingly).—How kin yez timpt me so, Biddy, when yez know th' docthur gave me strict orthers that Oi should not take more than wan coop at each meal? Pour it out in the beer mug, Biddy, dear, we must obey the docthur.

In Bad Shape.—Visitor to sick woman: "How are you feeling this morning, Mrs. O'Toolihan?"

Mrs. O'Toolihan: Och, leddy, it is that bad oi am wid a complication av troubles—rheumatism, lumbago and all; and it was only this marnin' that the doctor, Hiven rist his sowl, said there was decided symptims of convalescence."

Guide(pointing to mummy).—This was Rene, the priest, the wisest man of his time. He lived to a great age.

Tourist—Was his last illness fatal?

Guide—Yes, very fatal.

Tourist—What a wonderful thing that we see him now permanently cured.

The Other Man Laid On.—Minister.—"Who is the deceased?"

Attendant.—"Oh, he was a faith healer. He used to go about the country laying on of hands, but one day he laid hands on the wrong man; there was a reaction, and the result was fatal to the healer."

First Physician.—"I suppose you have an independent practice where you are now."

Second Physician—"Independent! I should say so! It is so measly independent that it persists in getting along well enough without me—it does."

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Over a Million Lives have been saved of patients who were sent to the Hot Springs of Arkansas. Dr. Rudolph von Roemer, in his address to the members of the International Medical Congress, says: "For inflammatory rheumatism and syphilis in all its stages, the Hot Springs of Arkansas seem to give better satisfaction than any other of the numerous watering places. I have sent hundreds of patients there, and all have returned greatly benefited." For full particulars and illustrated pamphlets, send to Ticket Offices, 102 North Fourth Street and Union Depot or General Passenger and Ticket Agent "Iron Mountain Route," St. Louis.

Ventilation of Railway Cars.—This is a subject which has been attracting the attention not only of railroad surgeons but of hygienists, of late, while there are many comforts attendant upon modern railway travelling the full measure of the needful improvements has not yet been reached. To those in perfect health the improper ventilation of cars is not so apparent as to invalids and these latter form a large contingent of railway patrons. Cars are frequently over-heated no access being given to fresh air and in addition the want of proper ventilation frequently renders them absolutely dangerous. Our readers may still remember the fatal effect of a sleeping car upon Richard Proctor, the well-known astronomer. There is no doubt that the curtains, hangings, stuffed cushions, etc., of our modern luxurious railway coaches frequently carry disease-germs whose danger would be greatly decreased by proper ventilation.

Automatic Couplers.—President Harrison has three times "called the attention of Congress to the necessity of legislation for the protection of the lives of railroad employes." In further quotation from his last message we reprint the following, bearing especially on this question: "A law requiring of every railroad engaged in interstate commerce the equipment each year of a given per cent. of its freight cars with automatic couplers and air brakes to be used would very soon and very greatly reduce the paesent fearful death rate among railroad employes." Senator Cullom on December 15, 1891, introduced a bill in the Senate, "providing for the adoption and use of a uniform standard automatic car coupler, and regulating the operation and control of freight trains used in interstate commerce, and providing for the greater safety of railroad employes, and for other purposes." The statistics of accidents contained in the report ofthe interstate comission show that 531 employes were killed and 2,588 were injured during the last year by train accidents, and that 369 employes were killed and 7,842 were injured in coupling and uncoupling cars. It is claimed, and doubtless with much truth, that many of these casualties might have been avoided by the universul adoption of the appliances in question.

The chief difficulty in enforcing the universal adoption of either brakes or couplers arises from the fact that uniformity of type is essential to their general use; for it must be remembered that each railway company may have occasion during the year to make use of cars belonging to every others railway company in the country.

The First Railway to Jerusalem.—The first railway to Jerusalem will, we are told, be opened in the spring of the coming year. It is a short line, running from Joppa, the nearest port on the Mediterranean, and intended to accommodate the growing passenger and other traffic between that place and the Holy City. The work of construction is being carried out by a French company, who began laying down the line in April, 1890. It is fully expected that the speculation will be a paying one. The company anticipates, at all events, making large profits, after paying the shareholders a guaranteed interest of 5 per cent. It is stated that over 40,000 persons land at Joppa every year in order to make a pilgrimage to Jerusalem and other spots celebrated in sacred history. The number of steamers and other vessels putting into the port of Joppa is now upward of 800 a year, the destination of most of the passengers and merchandise they convey being the capital of Palestine. In evidence of the recent rapid growth of the traffic it may be mentioned that Joppa has trebled its population within the last thirty years. Tourists will be able to take a return ticket from the port in question and Jerusalem for 20 francs, and what is more, they will be able to do the journey in a far shorter time with infinitely greater safety than hitherto. The rush of tourists from all parts of the civilized world to Jerusalem will, if the expectations of the promotors are fulfilled, be something phenomenal in the immediate future.

Rules for Eating.—Dr. Paul Pequin says that the following rules should be observed:

1. Always select plain unseasoned food.
2. Never eat until stomach feels sense of weight.
3. Eat slowly and masticate well.
4. Never eat uselessly between meals.
5. Hard manual workers need more food than brain workers.
6. Flesh dishes are more stimulating than the vegetables, and should be used sparingly.
7. Meats are never needed three times a day.
8. Rinse mouth thoroughly on rising and before and after each meal.

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MEDICAL REVIEW.

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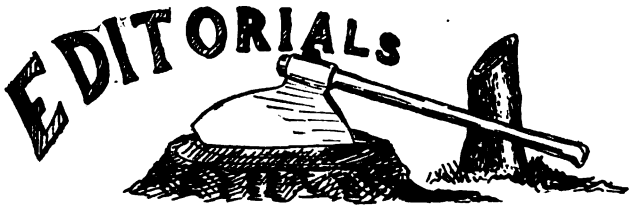

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

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Free Dispensaries.

The marked utilitarianism of the present day espe cially as it pervades our charity find no better exemplification than in the manner in which the free dispensaries of our medical colleges are conducted. These dispensaries should have in view and for an object the collection of clinical material, the so called out-patients; and the relief of the physical ailments of those who are financially unable to compensate physicians for medical advice or surgical service. An adequate response to these desiderata should certainly prove sufficient and satisfactory to any college and should be considered ample payment for the trouble of keeping up a dispensary. But as we find these institutions at present the medical college dispensary is made subservient to other purposes of a nature which certainly robs them of much of their apparently philanthropic nature. The dispensary is made an instrument to aid the individual to advancement in practice and, at the same time, is regarded as a legitimate means for the purpose of the enriching the exchequer of the college.

There was a time when these dispensaries were perfectly legitimate in their purposes and when they confined their operations within the limits of the objects we have mentioned above. It was at this time that they were confined to medical colleges to which they properly belonged. Even then, however, complaints were numerous that the better classes, who were well able to pay for medical services. availed themselves of the opportunities offered of securing medical and surgical treatment gratis and were freely given them without a question being raised as to the propriety of doing so. The attending physicians seemed to be satisfied with the indirect advantages occurring to them through reputation and the exhibition of the results which they had achieved.

All this has changed, however. The ever increasing number of physicians has created a struggle for existence in the profession. Medical colleges have increased in number and competition has sprung up; a greed for, or the necessity of acquiring money, has suborned the purely eleemosynary purpose of dispensaries to the mercenary. To day, the attending physician of the free dispensary shows no hesitation in transferring a patient to his office for the purpose of bestowing more care or giving him more attentive treatment! In the meantime, the college has been reaping its harvest from the sale of medicines. It has been even asserted that some medical colleges pay the entire running expenses by the quantity of prescriptions which is supplied, coupled with a judicious method of charging prices therefor. This transfer of office practice from the physician's locale to the college and back again to the private consultation rooms of these "sons of fortune and opportunity" has not only demoralized medical and surgical practice, but has resulted in the establishment of private free dispensaries in every locality in our larger cities.

Those who have suffered most from this are the recent graduates, and in order to neutralize this "germ of infection," so destructive of all hopes of gain and aspirations to greatness, they have started out on the principle that "likes cures like."

Some more ambitious than the rest do not hesitate to resort to all possible means of advertising their institutions, and, as a result, people finding that no matter what free dispensary they apply to they must pa for their medicines they go to those where they

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the least and have the smallest tax laid upon their comfort, pride and modesty. It can be readily seen that, under these circumstances the private free dispensaries are enabled to do a rushing business and the colleges are driven to the necessity of clamoring for more clinical material.

Strange to relate, the young graduate, who unprovided with means, social connections, or similar advantages, adapts the free dispensary to his own uses and thereby relieves the tedium of unoccupied and unremunerated time and removes the pangs of poverty, thereby alientes himself from respectable professional associations and brings down on himself the odium of the better class of physicians. He may be prevented from gaining membership in medical societies, be tabooed, and denominated a quack. Unfortunately, this latter is too true, in many instances, and this unfortunate result takes its origin in the free dispensary. The unsophisticated young graduate, ignorant of the rugged path which leads to an honorable and lucrative career and unprovided for the present emergicies which assail him, is easily lead by the seductive graces which the glitter of immediate remuneration holds out to him. He is gradually fascinated by the baleful light which leads him on to be finally enfolded in the slimy embrace of the folds of that serpent whose coils gradually tighten around him until he can no longer free himself from the deadly embrace to which he so willingly gives up his best energies.

The free dispensary abuse has become one of the problems which confront us to-day. It is closely intertwined with that intricate question of the moment—pauperism. It is making its influence felt over the whole civilized world and it is assuming dimensions which threaten to become dangerous unless means be taken to crush it out of existence as it manifests itself at present.

It is nothing but right and proper that the poor should be taken care of and that this care should be of the best. But it is not right to reduce the practice of medicine to a competition of numbers, nor to degrade it to the level of the huckster's occupation who cries his wares in the streets. If it is so difficut to earn an honorable living at the practice of medicine, it were better to reduce the number of those who desire to adopt it as a profession than to drag it in the mire of public scorn and make it a target of ridicule for every ignorant boor to launch his vapid wit and empty sarcasm and thus expose it to well-merited ridicule and shame.

Boston's Arsenic Fad is thus commented upon by the *Post-Graduate:*

Professor Chandler's discourse at the New York Academy of Medicine, at its last anniversary, was a sharp arraignment of Boston doctors. It is not often that one of the spokes turns on the hub in this way. It is well for the peace between the two cities, that the castigation did not come from a real M.D. For while Professor Chandler is a member of a medical faculty, and once received the honorary degree of M.D., he seems never to have used it, and to always speak of himself as a layman when among doctors. He is enough of a doctor to weigh medical evidence very accurately, and to know the true value of subjective symptoms. Dr. Chandler says that the arsenical poisoning idea in Boston is a fad, and with the late Dr. John C. Dalton, himself a native of Massachusetts, he believes that the whole idea of anybody's being poisoned from wall paper, is a humbug.

It was a ludicrous aspect of medical science, that presented by Professor Chandler. We shall expect Boston to rise up against the statement, that nobody is ever poisoned by wall paper, or by handling green boxes, by sleeping on lounges containing arsenic, or its reputation for scientific medical observation is sadly shattered. It is to be hoped, if Professor Chandler is right, that it is only an unscientific and insignificant portion of the Boston profession, that has pinned its faith so closely to the idea of poisoning by arsenical wall paper and arsenical lounges.

Progressive Surgery is always to be commended, but it is a question as to whether aggressive surgery is always the best. Surgical writers of authority and prominence have been, for some time, occupying the columns of medical societies in advocacy of early operative treatment for removal of new growths (*Col. and Clin. Rec.*). Undoubtedly there is much force in the view that when accuracy of diagnosis is once established, there should be little or no delay in promptly executing such surgical measures as may be demanded to save the system from further invasion. Such a statement requires no argument, but a comparison naturally arises between the custom of the present day and that of a few years ago, when operations were often deferred until exhaustion rendered the prognosis doubtful, and delayed operative interference at last became imperative. But, on the other hand the very nature of some cases, in which diagnosis is established beyond the peradventure of a doubt, are not operable, such as numerous sarcomata of the skin and in some of these therapeutic measures have proven of the highest value. Surgery almost seems to have driven therapeutics to the realm of the lost arts.

The Country Practitioner is, in our estimation, not only a much abused member of the profession, but one whose true worth is but seldom appreciated. We believe with the *Southern Medical Record* that there is no class of practitioners better able to report interesting experiences than the country doctor. Isolated as they so frequently are, miles from consultation or assistance where all classes of work come under their observation and treatment, they are necessarily self-reliant, depending as they have to do on their own wit and shrewdness for diagnosis and treatment, and their ingenuity to improvise and supply the place of ap-

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paratus that may be necessary in special cases. And it is a very rare occurrence when they are not able to meet successfully all emergencies. There is only one thing that these men are laggards about, only one complaint that we make against them, and it is that they will not write out and report their cases. Whenever you meet them, they tell you of any number of interesting cases and experiences; even promise to write them out for you, but that is the last heard of the case. The amount of material piled away in their brains that would prove of infinite value if contributed to the literature of medicine and surgery is astonishing, for in nearly every radical change in either branch they have been the pioneers, and they have been to the profession what the pioneer has always been—the advance guard of civilization. We ask these men to send us contributions of these cases and experiences. They not only owe it to themselves but to the profession.

Hasty Conclusions constitute a fault common to all mankind. The *Western Druggist* comments editorially on this subject in a manner which is as applicable to physicians as to pharmacists. It states that the multiplication of coal tar products and new remedies of various kinds during the past few years has perplexed many pharmacists, so that they now look with suspicion upon any unfamiliar name which they may find in a prescription. New therapeutic agents have been produced so rapidly that pharmacal literature could scarcely keep up with them. This condition of affairs has lead some druggists into the habit of taking it for granted that any new name belongs to some recently introduced preparation and that there is no use in looking it up in text-books of reference. We have on several occasions had instances brought to our notice, where druggists permitted prescriptions to leave their store, simply because they called for articles in unfamiliar names. Again druggists have made application to pharmacal journals for information that could be obtained in a dispensatory, if they had turned to the index of that book. A druggist in one of our large cities sent an order to his wholesale firm for a drug which, when it came, proved to be something that he had already in stock. The name by which it was designated was new to him and he at once jumped to the conclusion that the remedy was a new coal tar product and so thought there was no use looking it up. If a druggist will make it a rule to exhaust his supply of reference books before applying to a drug journal for information or making up his mind that he can not supply the article, he will be surprised to find how much can be obtained from the pages of his library.

Bungling Surgery.—The Philadelphia correspondent of the Virginia *Medical Monthly* waxes warm on this subject. He writes as follows:

We find it difficult to avoid a fierce earnestness when we come to consider the needless complications brought about by bungling surgery. We always assume that those whom we address are not afraid of, but seek the facts. That should not be regarded as offensive, which we hope, with all due modesty, with all earnestness and sincerity of conviction, is urged in the line of the correction of errors, and the adoption of methods of procedure, which have been followed by an almost unbroken line of successful results when followed by experienced and skilled men. Every conscientious surgeon is a sincere learner, and success follows closest upon the steps of the operator who dares and persists in the endeavor to discover the best methods, determining their value by results. It is a proud fact that the older and more experienced men of the profession, men with grand records, join hands with the younger ones to weed out the timid cobblers infesting the field. Every skilled operator's per cent of mortality is increased by the bungling apprentice practice of these men—a fact not calculated to cultivate an amiable tolerance. Such men properly belong behind the trenches of conservatism where they can throw stones. They will be safe there, "intrenched in its immense redoubts, with Himmaleh for its front, and Atlas for its flank, and Andes for its rear, and the Atlantic and Pacific seas for its ditches and trenches—which has flaunted its crescents, signs and badges of posession over every rood of the planet." Must we all, with uncovered heads, hats under our arms, and with bended knees, bow reverently before this venerable Colossus?

Value of Tonsillotomy.—Dr. J. M. W. Kitchen speaks highly of the value of the operation as a therapeutic measure (*Medical Record*). For several years he has resorted to this operation to abort attacks of quinsy, and, so far, always with success. This practice is contrary to what he was taught, and what, so far as he knows, is still taught in the books, which say wait until after inflammation has subsided before operating. His practice is to operate at the beginning of an attack, before the fauces and neighboring parts have become too swollen. It aborts that attack, and prevents others in the future. If the practice were general it would save a great many hours of agonized suffering to humanity. Free incisions will sometimes abort an attack, but more frequently fail. Here is an additional list, probably incomplete, of what this operation will remedy: Anemia, chorea, and other effects due to insufficiently aerated blood; noisy respiration, snoring, cough peculiar to the condition, impaired voice and articulation; shortness of breath, palpitation of the heart, and spasm of the glottis; broken sleep, nightmare, difficulty in swallowing, bad breath, disturbances of digestion, and impaired taste; mouth-breathing and facial deformity; hypersecretion of mucous and post-nasal catarrh; impaired nasal respiration and hearing; sometimes local pain, follicular pharyngitis and laryngitis.

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Menstrual Anomalies.—Dr. Ben. H. Brodnax in a letter to the *Med. and Surg. Rep.* states that he believes Dr. Dunagan is right as to menstruation and ovulation not occurring at the same time, and that neither is dependent on the other. He has a record of eleven cases where connection was not had with the woman until fourteen or fifteen days after menstruation and for a month prior to it, and still conception took place. In two other cases women have shown him the perfect ova which have been thrown off sixteen or twenty days after menstruation—they not knowing what "the little pellets" were.

He has no doubt but that numbers of physicians have met such cases but thought them of not sufficient importance to report.

Incidentally, he states that he knows also of a case where a lady of eighty-three who menstruated regularly every two months, the same as when she was a young woman. She had never menstruated every month as is usual.

The Paper Jacket.—Dr. J. Marshall Hawkes speaks highly of paper jackets and splints which he makes of pure jute fibre, free from clay and wood-pulp, using glue, or shellac to hold the fibres together (*Med. News*).

Compared with other orthopedic appliances intended to furnish a proper support for the spine when the lesion is in the lower dorsal or lumbar region, he believes that for the following reasons the method described is the best yet devised:

1. It is the thinnest, lightest, and strongest jacket, furnishing sufficient support, ever made. Though its average thickness is less than three thirty seconds of an inch, yet it is able to sustain a weight of over two hundred pounds.

2. It is impervious to moisture; hence, does not absorb perspiration,and consequently does not become unbearable to the wearer.

3. A lady can wear it in place of the ordinary corset without "letting out" her dresses or making any changes in her ordinary wearing apparel.

4. The most muscular laborer engaged in the severest kind of manual labor finds it capable of sustaining any necessary strain.

5. It furnishes a more convenient, efficient, and durable support for the jury-mast, shoulder brace, abdominal supporter, truss, leg-brace, etc., than any other kindred appliance.

6. It does not disintegrate and soil the clothing like ter, or rust out like "alloy wire," or soften like felt.

7. It affords a solid base from which to furnish direct pressure to remedy any existing or developing deformity, yet accommodates itself to the action of the muscles of respiration.

8. It can be easily modelled to fit any exaggeration of anatomical contour, and can be ventilated by means of eyelets to any extent.

9. It is practically indestructible. The patient can never wear it out.

10. Its cost is no more than that of any other first class appliance.

Soon after perfecting the paper jacket, he extended the application of paper to the making of splints. The result was as gratifying as in the case of the jacket.

Treatment in Grippe.—The "influenza number" of the *Times and Register* is full of literature on the subject of grippe. Dr. E. P. Hurd says: I have seen a few cases where the grippe has taken on the rheumatic form, with some pains in the head, limbs, and back, and high fever for several days. Such cases seem to do very well on acetanilide. My formula is:

℞ Acetanilide, - - - - - ʒss.
Cit. caffeine, - - - - gr. xij.
Sodæ bicarb, - - - - - ʒij.

M. For twelve powders; one powder to be given every two hours.

Dr. Frank Woodbury after detailing a portion of his experience with this malady goes on to say that during convalescence, preparations containing strychnine are useful as a nerve tonic and cardiac stimulent. The following formula has answered very well in his hands:

℞ Ext. ignatiæ, - - - - - gr. ¼.
Ext. cannabis Ind., - - - gr. ½.
Quinine hodrochlorat, - - gr. ij.
Ol. cajaputi, - - - - - ♏ss.

M. Capsul. I. Take one every four or six hours.

As this contains hemp in rather full doses, the effects should be watched and the dose diminished as soon as cerebral symptoms appear, showing the full impression of the drug. During convalescence, which is generally protracted, the wine of coca is very useful, as a nerve and cardiac tonic. The acid solution of the hypophosphites, containing strychnine, is especially valuable. Where the cough persists quinine in syrup of yerba santa, cod liver oil, or the alkaline hypophosphites, according to circumstances, exert a happy effect.

Umbilical Fecal Fistula.—Dr. Francis J. Sheperd states in regard to this affection (*Archives of Pediatrics*) that cases of umbilical fecal fistula in infants are comparatively rare, and when they occur are caused by the inclusion of prolapsed intestine in the ligature used to tie the cord. This intestine may be a herniated portion of small bowel, or, as is most commonly the case, a persistent omphalo-mesenteric duct extending down into the cord. This duct not infrequently persists as a diverticulum from the ileum, ten to sixty inches from the ileo cecal valve. It is then

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called Meckel's diverticulum, and is usually two to three inches long, and of about the same diameter as the bowel. It occurs in about two per cent. of individuals, and chiefly in males. In some rare cases it is connected with the umbilicus by a cord which represents the obliterated duct, and is one of the causes of internal strangulation of the bowel. In still rarer cases the duct is patent not only as far as the umbilicus, but even some distance down the cord. In such cases when the cord is ligatured at birth the duct is included in the ligature, and as the ligature ulcerates through and separates, it cuts through the duct, and hence a fecal fistula is the result. Now the cure of these fistulæ has always been difficult and unsatisfactory. Holmes asserts that as far as he has seen they are incurable, and Mr. Owen ("Surgical Diseases of Children.") says no plastic operation or cauterization is apt to succeed, but asserts that he has cured two cases by cleaning out the contents of the bowels with rhubarb and soda, and then keeping the bowels at rest for a fortnight with opium in small doses. At the same time the fistula is covered by a thick dressing of vaseline and eucalyptus. It seems to the author that only very small fecal fistula could be cured by these means, and that the most scientific procedure is a radical operation. At least this has proven successful in his experience.

Intestinal Antisepsis in Typhoid Fever.—Dr. S. D. Farrar, resident physician of the Cooper Hospital, Camden, N. J., states (*Med. News*) that bismuth subiodide and salol constitute reliable intestinal antiseptics in typhoid fever. The test of the accomplishment of intestinal antisepsis is the deodorization of the stools. This method of treatment certainly seems to reduce tympanites, control diarrhea, and prevent hemorrhage—the latter complication being rare when the antisepsis is early secured and persistently maintained. This treatment will modify the severity if it does not limit the duration of the disease. Our rule is to begin the administration of the drugs mentioned, alternately, when diarrhea exists, and to continue the same throughout the disease, aiming to keep the stools thoroughly disinfected. Twenty-four cases (seen during Dr. Godfrey's term of service) have been thus treated in the hospital, and the foregoing recommendation is the outcome of a study of the results obtained.

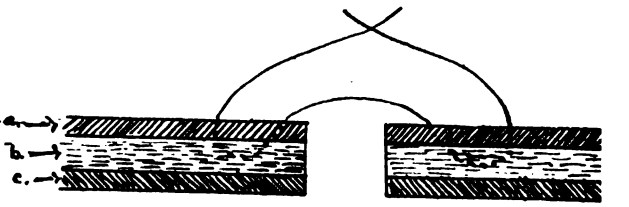
Painful Dyspepsia.—In painful dyspepsia, in gastralgia, and in vomiting following the ingestion of food Huchard states that the following is useful:

℞ Cocaine muriate., - - - - gr.xv.
Acid muriatic, - - - - gr.lxxv.
Simple elixir, - - - - - ℥xvj.
Distilled water, - - - - - ℥iij.

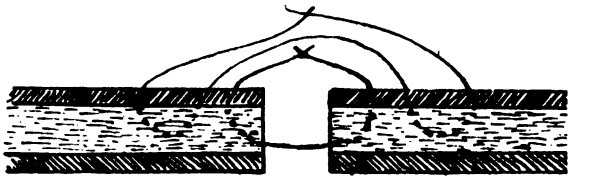
M. Sig: A tablepoonful is to be taken after each meal.

The author of this combination has found very good results follow its administration. Care should be taken, however, as its use may induce the cocaine habit.

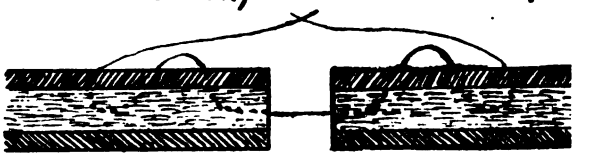
Sutures.—The various sutures which are employed in intra abdominal operations are of several varieties and many of them are continually referred to under the names of those who have originated or modified them.



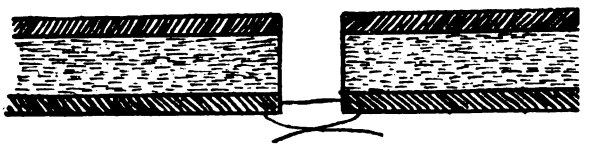
Lembert Suture.



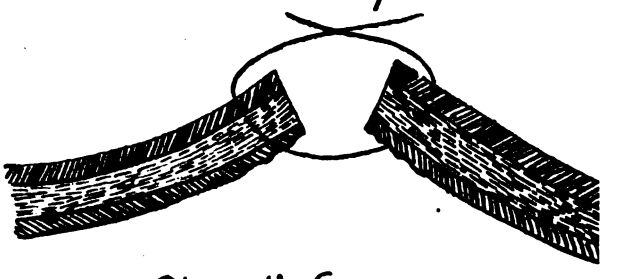
Czerny-Lembert Suture.



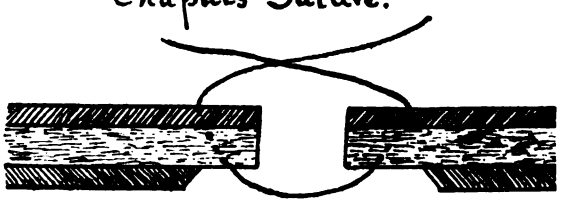
Gussenbauer's Suture.



Billroth and Thiersch Suture to precede that of Czerny-Lembert.



Chapuit's Suture.



Morisani's Suture

In the accompaning figures are given diagrammatic representations of the principal ones which are employed and referred to in the descriptions of operations.

In the above sketches *a*, represents the serosa or serous coat, *b*, the muscular layer; and *c*, the mucosa or

mucous lining of the viscus. As will be readily seen the object in all of these is not only to produce an agglutination of the serous coat, but to favor all drainage by means of the mucous coat as well, so as to prevent peritonitis.

Diuretic and Purgative Pills.—The following pills have been formulated by Lancereaux:

℞ Pulv. scillæ,
Pulv. digitalis,
Pulv. scammon., - - aa gr.¾.
M. Et. pil. No. 1.

Of these from three to six are administered daily. They sometimes excite polyuria and diarrhea. They are indicated in asystole and uremia. In the former the diarrhea relieves the engorgement of the liver and of the abdominal venous system. At the same time, the digitalis acts upon the heart and reinforces the systole. In uremia the diarrhea which is produced is equally useful; it is a method of elimination of the toxic matters. Diarrhea in uremic patients should not be checked; it should even be produced when it does not occur spontaneously.

Hemorrhoids.—Dr. E. Preissmann, of Odessa, claims the greatest success in the use of the following preparations for hemorrhoids:

1. Weak solution:

℞ Kali iodidi, - - - - - ʒss.
Iodini, - - - - - - gr.iij.
Glycerini, - - - - - ʒj+ʒss.
M.

2. Strong solution:

℞ Kali iodidi, - - - - - gr.xlv.
Iodine, - - - - - - gr.xv.
Glycerini, - - - - - ʒj+ʒss.
M.

The stronger or weaker solution is ordered according to the susceptibility of the patient. The method of treatment is as follows: The patient first takes a warm sitz bath. Then he dips pledgets of cotton in the iodine solution and applies this to the hemorrhoidal tumors. This should be repeated every hour, or at longer intervals. A slight burning sensation is caused but it is not intolerable. A radical cure is said to follow this method.

Infantile Colic.—In a paper on some favorite prescriptions Dr. Eugene L. Crutchfield gives the following (*Va. Med. News*) as the most servicable in infantile colic. It contains no opium or other deleterious ingredient. It may, therefore, be administered almost *ad libitum*. Its action, however, is so prompt and satisfactory as generally to render more than two, or at the most three doses unnecessary:

℞ Sodii bicarb., - - - - gr.viij.
Olei anisi., - - - - - ♏ viij.
Mucil. acaciæ, - - - - - ʒss.
Aq. menth. pip. q. s. - - - ad ʒij.
M. Sig. A teaspoonful every half hour.

Fibrinous Rhinitis.—Cases of this disease while not rare are sufficiently unusual to attract attention. Dr. Scheinmann states (*Deut. Med. Woch.*) that the peculiar feature of the disease lies in the formation of the growth of a fibrous membrane in the nose, of long duration, and not at all related to diphtheria. This growth of fibrous membrane of the nose is *sui generis*. It is true that a similar condition has been observed to accompany a few cases of plastic bronchitis and following the application of the galvano-cautery or chromic acid. Fibrinous rhinitis is an affection which, beyond the implication of the nose, produces no general disturbance; the neighboring parts, the pharynx and nasopharynx, are never affected, so that the trouble was looked upon as an innocent affection. The author has observed a number of cases and the prognosis is favorable as the disease heals in a few weeks. He does not regard the trouble as at all contagious. It may be well to mention that children are chiefly the subjects of this process.

Anesthesia Among the Ancient Egyptians.—Hirschberg contributes a very interesting article in the *Deut. Med. Woch.* on this subject. He states that his researches have demonstrated that the ancient Egyptians used opium, hemp, hashish and similar substances to obtund pain. The servants of Pharaoh introduced the sleeping potion, made of mandragora, which was adopted by their disciples, the Greeks, as a narcotic to be employed in operations. Dioscorides states that some boil the roots of mandragora in wine until reduced one-third, strain it and take up the liquid of which a cupful is given for 1, insomnia, 2, in acute pain, 3, to destroy sensation when cutting or burning is to be done. Pliny also mentions its use in surgery. F. B. Ahrens has isolated the alkaloid mandragorin which seems to be an isomer of atropia. It acts as a mydriatic when applied locally or administered internally.

Rest Cure in Incipient Phthisis.—Dr. John M. Keating states that the "rest cure," as instituted by Dr. Mitchell, is a combination of nutritive influences. It aids in establishing that resistance which enables a patient to benefit by more open air and vigorous exercise; it increases nutrition and establishes a foundation for bodily vigor. But you must associate all its elements—rest, not a mere continuance in bed in all cases, but rest in its true sense— a *dolce far niente* life; freedom from household cares or business worries; rest of mind as well as body; massage, electricity, nourishment pushed to its full extent, and the restoration of functions of secretion and elimination. Care also must be taken to remove physical drains, and menstrual function should be made normal. He has frequently heard it said that cases of early phthisis have had a fatal ending owing to the rashness with which they entered into rough out-door life which this climate invites. Had these same cases laid a foundation of vigor by a sys-

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tematic treatment calculated to improve their nutrition, how different would have been the result!

Possibly some have overlooked the great necessity of such careful management, owing to the marvelous results they have seen from climate alone. If climate can so frequedtly accomplish wonders by itself, what cannot be expected from a "rest cure" treatment associated with it? Dryness of atmosphere, sunshine, bracing air, will add other elements to a combination which has proved itself useful in adverse surroundings. Indeed, he believes that eventually the treatment of such cases in sanitariums will continue to show such good results that this method will become most popular; but he earnestly suggests that at our noted health resorts the cottage system be adopted, in which patients can keep apart if they so desire, as he is sure there is nothing so demoralizing for an individual than to be obliged to associate with others in all stages of the same disease.

For the unfortunate many who are obliged to antagonize soil and climatic influences; who are obliged to withstand dampness, want of sunshine, and great changes, a "rest cure" treatment, it seems to me, shall have added to itthe systematic inhalation of compressed oxygenated air, possibly medicated, and also a thorough course of pulmonary gymnastics. They should be impressed with the fact that the evil influences of their surroundings will again, as before, depress their vital influences and that the maintenance of their nutrition is as important as its acquisition.

Prophylaxis of Inherited Inebriety.—At the quarterly meeting of the Society for the Study of Inebriety, (*Brit. Med. Jour.*)Dr. Hare presiding, a paper was read by Dr. Stewart("Dunmurry," Clifton), who said they could not too often as scientific men protest against the use of the words drunkenness and inebriety as if they were convertible terms. M. Trelat has put the difference very clearly: "Drunkards are people who drink when they find any opportunity; dipsomaniacs are diseased persons who get drunk whenever their attack seizes them." The conclusions arrived at were summarized as follows:

1. Drunkenness is a vice, inebriety a disease.

2. The disease of inebriety once established may be transmitted to the offspring, either in the form of the alcoholic diathesis, epilepsy, chorea, insanity, or even tendency to crime.

3. The child of an inebriate born after the functional or structural lesion has been established is sure to inherit some nervous diathesis.

4. The only security against this diathesis developing as inebriety is by lifelong abstinence on the part of the child.

5. Even the adoption of this precaution will not absolutely make certain that there will be no transmission of the cachexia by the child to his or her own offspring.

6. To prevent the development of the alcoholic neuroses in other directions—such as epilepsy—sudden excitement of the emotions and sensibilities (such as might be produced by corporal punishment at the hands of strangers) should in all cases be guarded against.

7. In the prophylaxis of inebriety the principle to be acted on with regard to children's training is that, if the good be accentuated, the evil is attenuated.

8. The marriage of the child or even grandchild of an inebriate to a first cousin should be absolutely interdicted. A brief discussion ensued.

Nose Not in Center of Face.—Dr. A. C. Simonton writes to the *Journal of the American Medical Association* as follows: The fact that the human nose, as a rule, is not situated in the center of the face, I have never seen stated in any medical journal, or any text-book on ophthalmology that has come under my notice. The importance of this fact to the oculist can scarcely be overestimated, when considered in connection with the adjustment of spectacles for correcting errors of refraction. This fact may have been stated before, but if so, it is strange that it has not been incorporated into every text-book on ophthalmology which deals with the errors of refraction. Every one of these works insists strenuously on the necessity of adjusting glasses accurately to the face, so that the optical center of the pupils, unless for certain reasons the lenses are decentered to get a prismatic effect.

In measuring the face for the adjustment of glasses, oculists are in the habit of measuring from center to center of the pupils, without regard to the position the nose occupies between the two eyes. Frames are ordered to correspond with the measurement, being exactly the same distance from center of nose-piece to center of eye wire on either side. Glasses are ground with optical centers in center of eye wire. Now, instead of having our glasses properly centered before the eyes, as is insisted upon by all authorities, and as every oculist knows the importance of, in a large majority of cases, our lenses are placed in such position as to give a prismatic effect not desired or intended. Is it not possible that herein lies one of the reasons why patients occasionally reject glasses that have been found by proper tests to be their optical correction?

Chapped Lips.—This condition which is so common in cold weather is due to the fact that the lips are moistened by the saliva and contact wish the cold air causes fissures to form in the epidermis. Every movement made by the lips becomes a source of pain and discomfort and liquids act as irritants. The fissures occur at or near the median line, there being usually a few large and deep ones, the others being of a less severe character. As a curative and preventive measure the following will be useful:

℞ Acid. boric, - - - - - gr.vj.
Ung. aquæ rosæ, - - - - - ℥ij.
Sebi ovi, - - - - - - ℥vj.
M.

This should be applied before going into the outer

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air and it will be still better to have the lips constantly covered with it. The large proportion of sheep's tallow prevents the mass from melting easily and it thus forms a soothing, healing and protective application.

Eczema of Infants.—This is the season of the year when infants, more especially nurslings, are prone to be the subjects of eczema. It occurs chiefly about the scalp, cheeks, and ears presenting crusts, a weeping surface, purulent points, and bleeding spaces. The pain on pressure is marked and the itching intense. A common general condition is acidity of the stomach, irregular greenish stools alternating with constipation, regurgitation of milk, a general restless and irritable condition. To remedy this is a simple matter when the proper means are employed. Keep the mother's bowels open, give the child some lime water occasionally and clear its bowels with broken doses of calomel. Prohibit the use of water and cause all crusts to be removed by soaking with sweet-oil. Then apply the following ointment twice daily:

℞ Bismuth subnitrat., - - - gr.xv.
Zinci oxidi, - - - - ℥j.
Pulv. camphoræ, - - - ʒss.
Ung. aquæ rosæ, - - - ℥j.
M.

This should be kept constantly applied to the affected portions of the skin.

Quarduplets.—Dr. Jnmes A. Meek, of Bunker Hill, Ind., sends us the following interesting case (*Ind. Med. Jour.*): On the night of November 14 I was called to visit Mrs. ——, living three miles southwest of this place, in her fifth confinement. On arriving at half past nine o'clock I was informed by Dr. O. C. Irvin, of El Paso, Texas, who was visiting the family, and who is a brother-in-law of Mrs. ——, that the labor was over, and that four living girl babies were born, remarking that he did not think he had let any get away. For a time we had business giving attention to the mother and four little ones. They were all perfect and well formed, though small, not averaging over three pounds each. One of them died the next morning; the remaining three and mother are doing well. There was one placenta, and each child was enclosed in a separate sac.

Extra-Uterine Pregnancy.—Dr. John T. Winter states (*Am. Jour. Obst.*) that in the treatment of a woman known to be suffering with an extra-uterine pregnancy, and where the practitioner does not wish to play executioner, there is but little to do but wait. The woman should be put on low diet and restrained in her movements, and in this way she may be carried up to or beyond the seventh month, and then, by proper operative interference, she and the child may both be saved.

When the life of the child is not taken into account, or where from fear of premature rupture of the sac it is not desirable to wait, several plans of treatment have been suggested, which have each many supporters.

The hypodermatic injection of a solution of morphia or a solution of atropia into the sac, and the transmission of the faradic or galvanic current through the mass for several days in succession, have been proven to be effective methods of destroying the life of the fetus.

If either of these plans should be adopted, the child would be left in its mother's abdomen and we would have to wait for the slow process of absorption; or suppuration might take place, which would mean many months, perhaps years, of invalidism for the unfortunate patient.

Would it not be better under such circumstances, since such rapid strides have been made in abdominal surgery, for laparotomy to be performed instead of resorting to either of these methods?

In those cases in which a diagnosis has not been made until there is rupture of the cyst, treatment should be directed to the prevention of hemorrhage and removal of shock, and laparotomy should be resorted to as soon thereafter as possible.

Influence of Influenza on the Nervous System.—We read in the *Journal for Nervous and Mental Diseases* that to the late epidemic of influenza can be traced a number of neuroses there seems to be no doubt, if we are to accept the statements of a number of observers in this direction. Borchardt's thirteen cases, previously reported, were represented in the following varied forms of nervous diseases:

Three supra orbital neuralgia.
One ischiatic neuralgia.
One tonic spasm of the trapezius.
One tonic spasm of the sterno-cleido-mastoid.
Two cases of hypochondria.
Two paranoia with hallucinations.
One case of hysteria.
Two melancholia.

The author had these cases still under observation, and the nervous symptoms were as yet persistent.

Poisoning by External Application of Tobacco.—The following case of poisoning by the external application of the infusion of tobacco was reported in the *Journal de Medecine de Bordeaux*: A young man suffering from pediculi pubis determined to kill the vermin by sponging his skin with an infusion of tobacco. He boiled 200 grammes of tobacco in 2 liters of water; with this he sponged himself freely, and in a short time repeated the application. Two hours afterward he felt a dull heavy sensation in his head, followed by vertigo, blindness and vomiting. He had cold sweats, cold purple-colored extremities, and his mind began to wander. His respirations were diminished and he spoke with difficulty; the heart was very feeble and the pulse hardly discernible; the limbs were unsteady and tremulous on movement.

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Peripheral Causes of Trigeminal Neuralgia.—In the first Lettsomian Lecture on the surgical treatment of trigeminal neuralgia (*Brit. Med. Jour.*). Mr. William Rose stated that the peripheral causes of this condition were principally the following:

1. Dental caries was cited as a fruitful source of the trouble, and it was alleged that neuralgia may be started by a tooth which is itself not painful, and may be increased by extracting such a one. The filling up of the alveoli of edentulous jaws with bone which compresses the nerve filaments, as described by Gross, is stated to have been relieved by the removal of wedge shaped pieces of bone, or by drilling into them.

2. The condition of peripheral bony canals has long been recognized as a potent factor in the production of the disease, especially in cases where the infraorbital and inferior dental nerves are affected. The non-occurrence of neuralgia in children where these canals are widest is mentioned, and also the fact that a contraction of their lumen has been met with on the operating table. Unfortunately, though the cause may be removed, the effect remains, and often tends to spread upward.

3. Exposure to cold or damp also appears to be associated closely with the production of the disease, and presumably the pathological condition present is a rheumatic peritonitis producing pressure upon the nervi nervorum.

Retention of secretion in the frontal sinuses, disease of the ear, implication of the nerves in cicatrices, impaction of foreign bodies, etc., were also included in this division.

Epilepsy.—In the case of a young woman, 20 years of age, who has had epilepsy ever since two years previous to menstruation, and whose menses have been absent for six months, causing the epilepsy to become worse, Prof. Parvin said (*Coll. and Clin. Rec.*) that although the prognosis was unfavorable as to a permanent cure of the disease, he would prescribe the following to induce menstruation, with the hope of thereby giving relief from the epilepsy:

℞ Terebinthinæ albæ,
Ferri sulph. exsiccat.,
Aloes, p. æqual. M.
Fiat. pil.

Give one, two, or three grains every day, to keep the bowels in proper condition.

Cardiac Dilatation.—For cardiac dilatation, with slight congestion of the lungs, due to rheumatism, in a man, aged 37 years, Prof. Da Costa gave the following treatment (*Coll. and Clin. Rec.*):

℞ Tinct. digitalis, - - gtt. x
Tinct. capsici, - - gtt. j
Tinct. cardamom., - - ʒj. M.
Sig.—Three times a day.

And two or three times a week give calomel, gr. j. in the evening, followed by a saline cathartic in the morning. The diet is to be chiefly of meat, with the use of a moderate amount of alcoholic liquors.

The Joseph McEvoy or Atypical Myotonia Case.

Editor Medical Review.—Under the caption, "In Explanation of the Case of Joseph McEvoy," in your issue of the 9th inst., appears a communication over the signature of Dr. L. Bremer, in which Dr. B. "begs the question" in regard to every scientific issue raised in my paper referred to by him; and then says: "*The object of this* (*his*) *communication is to simply refute the assertion made by Dr. Shaw that the present state of McEvoy is the result of the operation*" (italics ours). Permit me to say that I never entertained such an opinion, and certainly never made such an assertion.

The position taken by me in my recent report of the condition of Joseph McEvoy (see Medical Review, December 29, 1891, and *Medical Mirror*, January, 1892) is that he is essentially in the same condition that he was six months before the operation performed by Dr. Carson at the instance of Dr. Bremer, in March, 1890. The photographs as published prove this to be fact, not fancy.

McEvoy is at the city Poor House, and can be examined by any one at any time.

My paper is public property. So is Dr. Bremer's "Explanation." By reference to them one may discover and determine for himself something as to the reliability of utterances by Dr. L. Bremer.

A. B. Shaw, M. D.

A Business View of Medical Education.

I. The Disease.—The medical profession of the United States is overcrowded, the last directory giving the names of nearly 100,000 physicians who care for the health of the 60,000,000 inhabitants of our country. The hundred thousand include not only physicians of the regular school, but homeopaths, eclectics and a considerable number of quacks of all kinds. Although we may not be disposed to look upon all of the hundred thousand as medical brethren, yet from a business standpoint we must consider them as doctors, without regard to the school with which they affiliate, or to their ability or legal right to practice medicine. The average physician, therefore, is supported by six or seven hundred persons of both sexes, of all ages, of various nationalities, some honest enough to pay even a doctor's bill, some who make it a rule to "dead-beat" their way through life, some requiring gratuitous medical attendance on account of poverty, the result of vice, intemperance or deserving misfortune. When we consider the relatively large proportion of persons who for

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good or insufficient reasons receive medical charity, the considerable number who boast that they have never needed a physician, the comparative infrequency with which the average household is visited with the prolonged or serious illness of any of its members, the wonder is how physicians exist and live as well as they do.

A little investigation reveals the fact that patients' fees are not the only source of support. Especially in the large Eastern cities, many medical men, including most of those of prominence in the profession, many of whom shine more in society than in their nominal field of work, and many others of comparative obscurity, have means which render them independent of their practice. Moreover, almost every medical student contributes to the gross earnings of that part of the medical profession which is engaged in teaching as much as he can expect to save in three or four years after, allowing for necessary professional expenses and a meagre living. Life insurance companies, drug and instrument houses and publishers of medical works add materially to the income of the profession, and yet the fact remains that most middle-aged doctors of means who have not acquired their wealth by inheritance or marriage, owe it to the careful investment of small savings. After all sources of revenue have been considered, we find that the medical profession is only slightly better paid than the ministry whose work is avowedly a labor of love, and whose members are, when in need, educated without expense, assured of employment and insured againt want from sickness, or accident, old age or other incapacitation, by the common custom of all denominations. The average doctor receives a trifle more for his work than the teacher whose long vacations, holidays and unoccupied hours during the working day afford the opportunity for recreation, business or study, which last is almost a certain passport to promotion in his own profession, or which may be made the means of of entrance into some more profitable vocation.

The doctor is not nearly as well paid as the lawyer, nor can he at the beginning of his career turn his hand to so many devices for gaining a livelihood, yet his labor is certainly as keenly intellectual and as elevated in its motives. Compared with the profits of the ordinarily industrious and skilful business man, the income of the correspondingly successful physician sinks into insignificance.

We must recognize the fact that our profession is as dependent upon the laws of supply and demand as any other contributor to human progress and comfort. The statement that the supply of physicians is much in excess of the demand will be readily accepted by the great majority of the profession who are making one call when they might better make two or three, and who are doing for experience work which should be paid for. The problem is how to equalize the demand and the supply of physicians. Two methods of solution immediately occur; first to increase the aggregate earnings of the profession; secondly, to diminish the number of practising physicians. I believe that the first method of solution is impracticable, as the mass of the people are paying about what is right, or at least what they can afford for medical and surgical treatment. It is true that there are many cheap doctors—cheap in every sense of the word—that medical charity is too lavishly bestowed, that physicians are, as a rule, too lenient with their debtors, that a great deal of contract work is done at too low a price, yet these evils exist, primarily, because of the surplus of medical men, and they can be corrected only by diminishing the number of competitors. Manifestly, therefore, the solution of the problem lies in restricting the number of the medical profession.

But some will ask, "Why try to solve the problem at all? Why not leave each individual doctor to work out his own success or failure, to let this same law of supply and demand—or if you choose to have it differently, the principle of the survival of the fittest—determine whether a man is to succeed or fail in medicine?" Because first of all, the study of medicine requires on the part of the conscientious student such an outlay of time, of money, of mental and physical strain that he ought, by every principle of right and social economy, to be assured of at least a decent income after graduation. Because in medicine as in politics the door to success is quite often labeled "Pull and Push;" because external appearances and taking manners have more weight with the laity than professional ability—and, indeed, it is difficult to see how it can be otherwise, since a physician's wares are too intangible to be judged as we can those of the merchant or even of the lawyer, whose work is subjected to public scrutiny, and to the scathing criticism of his rivals. The physician's work, on the other hand, is done in private, almost in secret, its correct performance depends upon the conscientiousness and ability, not of the professional as a whole, but of the individual doctor. Malpractice suits are usually cases of blackmail, and they seldom touch the men who rub on liniment when an abscess ought to be lanced, or who give antipyretics when a bichloride irrigation is needed, nor do such suits harm the men who have risen to a certain kind of prominence, and who drag dying patients into clinics for brilliant but futile experimentation. Because, therefore, it is just to the honest and competent physician and just to the patient, I believe, that our profession should exert itself to keep its membership within reasonable limits. X.

A Wise Doctor.

Editor MEDICAL REVIEW.—A short time since, while on a professional visit in the Indian Territory, I was at one of the best towns in that country; and, a special friend of mine who is a collegiate scholar, told me "that his wife was diseased in some way common to women." He stated that several physicians had treated her with but little benefit. Finally he called an old physician (or went to his office for him) and while on

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his way to the residence he began to tell the doctor how his wife complained. "Stop," said the doctor, "if I can't tell her how she is worked, before I examine her, I am not *fitten* to treat her." So, after arriving at the residence of the party the doctor felt the lady's pulse and asked her if she did not "have a weak back and whites." She said, "Yes." "Well," said the doctor, "your womb is dislocated to the left, and has two ulcers of its mouth. I can cure you." This assertion was made without any further examination. I send you the directions, as written on the vials containing his medicine, *verbatim et literatim*. CHEVES BEVILL.

Winfield, Ark., Jan., 1892.

The following are the "directions:"

℞ 1. shake Wel, before youseing, poot won tabole spon foul Inter A tecop foul off Louke Worm water, and youse Att Beadtime.

℞ 2. Shak well Before taken, poot won tee spon foul Inter a cup of worm water, and tak att knight, till comes al rite. ———, M.D.

Springfield, Ill., Letter.

This city can hoast of two hospitals, viz., St. John's and "The Wabash."

St. John's Hospital was founded in 1876 by the "Sisters of St. Frances," and through their kindness and good work it has increased so much in popularity that it has become necessary to add a large wing to their already extensive building.

During the year ending 1891 the Sisters had under their care 525 cases.

Prior to the new addition they had 80 beds, including 14 private wards. The new part contains five wards of five beds each, and five private wards. In addition there are several rooms to be used exclusively for sick sisters.

Patients are received into large wards for the sum of $4.00 per week. This includes medical attendance, nursing, board and medicine.

For $6.00 per week a patient can have a private room with board and nursing; here medical attendance and medicine are extra. The patient, however, has the privilege of calling any doctor he wishes, whether attached to the hospital or not.

The value of this institution cannot be over-estimated. It takes a stranger who is taken sick, away from home, and without friends, to appreciate it.

The Wabash Hospital is used exclusively for the sick and injured of those in the employ of the Wabash Railroad.

They have 40 beds; a fuller report will be given later.

The medical staff consists of a consulting surgeon, a resident surgeon, and an assistant surgeon.

A Society was organized here a short time ago called "The Capital District Medical Society," which society proposes to have three meetings a year, one at each of the following towns: Springfield, Decatur, and Jacksonville.

The first meeting will be held at the Leland Hotel in this city on the 21st, commencing at 1 P.M. The program is as follows:

1. Report on Medicine.
2. Report on Surgery.
3. Report on Hygiene and Sanitary Science.
4. Paper: Abscess of the Liver.
5. Paper: Puerperal Eclampsia.
6. Paper: Antiseptics and Liquid Food in Typhoid Fever.
7. Paper: Details in Surgery.
8. Paper: Diagnosis.

This is a program of great practical value, and should be of great interest to all. A detailed account will be given in my next. S.

A Voice from the West.

TAYLOR, NEVADA, Jan. 10, 1892.

MEDICAL REVIEW ASSOCIATION—SIRS.—I wrote you a few days ago, to strike my name from your list of subscribers, as I thought I could invest $3.50 where it would be of more use to me than paying for long-winded articles, such as the REVIEW contained, which were of little or no value to any one. Very theoretical, but of very little practical value to a general practitioner. I received the first number of Vol. XXV, this morning, and am so much pleased with it, like brother V. B. Boal, M. D., of Autumn, Neb., I will go you one more year, *i. e.*, if this is a fair sample of what the rest to follow will be. Short practical articles right to the point, from actual practice is what we want. Articles written from supposed cases, and the treatment for same such as could only be carried out in a first-class hospital, is poor literature for a country doctor to waste his time on. They sound very well, but we have to stop right there.

I for one think you are on the right track, and I also think that it is the sentiments of every general practitioner.

With kindest wishes for the REVIEW's future, I am

Yours, etc.,

J. D. CAMPBELL, M. D.

[We are pleased at all times to receive letters like the above, as the suggestions are of the greatest value to us. It is the only way in which our readers can inform us of what their needs are, and our desire is to please them as much as lies in our power.—EDITOR.

Wholesale Pauperizing.—One of our exchanges states that over half a million people in New York City alone annually obtain medical services gratuitously. Forty per cent of these are able to pay. The wholesome old American dread of being pauperized by hospital treatment has been replaced by a degrading desire to get something out of the government or charitable persons. Unless such pauperizing is checked, serious political consequences must ensue.

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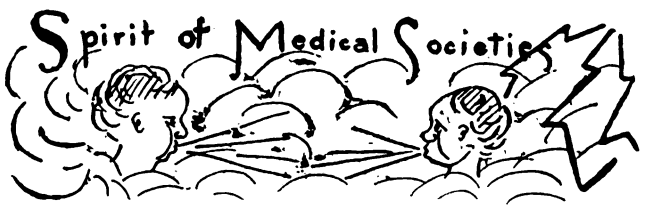

Dust and Its Dangers.—Dr. Wm. B. Canfield read an excellent paper before the Clinical Society of Maryland in which he dwelt particularly on dust as a causative factor in pulmonary disease. He turned his attention chiefly to the existence of this state of affairs in factories and he furthermore states that the treatment is to take the patient from his dangerous occupation when improvement begins at once. Owners of large factories are adopting stringent prophylactic measures in order that they may not lose so many good workmen. The best methods are:

1. To prevent the formation or escape of dust by using wet grinding or by grinding in closed vessels. This is not always practicable.

2. To prevent inhalation of dust by wearing respirators, etc., but these are uncomfortable and the men remove them at every opportunity.

3. The removal of dust as fast as it is produced by using fans and air shafts. This is by far the best plan.

Still further the following rules should be enforced.

1. Workmen should change their outer clothing after work.

2. They should keep their faces and hands as clean as their work will allow.

3. They should not be allowed to eat in the workroom.

Peculiar Infection after Labor.—Dr. Thad. A. Reamy stated before the Cincinnati Academy of Medicine (*Lancet-Clinic*) that he was recently called to a labor case; the lady was twenty-seven years of age, a primipara. Delivery under chloroform was accomplished without any laceration of the cervix or perineum. As no fetal heart could be heart, he was constrained to believe that the child was dead. The cranial bones were soft, the fontanelles large and the sutures open. There was no amniotic fluid perceptible. Membranes were not ruptured until after his arrival. The placenta was small and fatty. The funis was small and shriveled. He never saw so diseased a placenta in his life. The child was extremely emaciated, but born alive and is doing well. A little hemorrhage, but not alarming, followed the delivery. He gave a small dose of ergot after delivery, more as a matter of precaution than otherwise. Twelve hours after labor she had a chill. The temperature at the time of labor was one degree above normal, pulse 80. After the chill the pulse went to 120. The temperature at no time after the chill was below 102°; a part of the time it was 105° and 106° F. There was no fulness either to the sides or back of the uterus. The uterus could at all times be distinctly outlined. He washed out the uterus with a solution of bichloride 1 to 4000. Thinking he might find something in the uterus, he examined it carefully, but found nothing. He continued to use the bichloride twice daily. There was marked pain, for which he gave morphia.

It is proper to state that he had not attended a case of labor or a case of infectious disease for a long time previous to being called to this case. He was as free from infection as it is possible for a physician to be. He had just prepared dimself to do a laparotomy. The nurse had washed out the vagina with carbolic acid before labor commenced. Digital examinations were made but a few times during progress of labor, and each time the hand was carefully disinfected. Manifestly, infection in this case was not introduced from without.

Monstrous Hypertrophy of Prostate.—Dr. Adler reported a case to the Berlin Society of Surgeons (*Deut. Med. Zeitung*) of a patient of 66 who had suffered with urinary difficulty for 15 years and who catheterized himself and could introduce the instrument without difficulty until the middle of last November. On the 29th of that month an attempt to insert it was followed by severe bleeding which lasted all night. On the next day he was taken to the hospital. The bladder reached up to the navel and there was enormous hypertrophy of the prostate. Supra-pubic cystotomy was performed with evacuation of urine and clood-clots. After this the hemorrhage ceased for five days; then strong hemorrhage set in for three successive nights. On the eighth day perineal section was performed, a large drainage tube inserted thus compressing the prostate and stopping the bleeding. In three weeks the bleeding was renewed and an attempt to cauterize the prostate with a Paquelin thermo-cautery resulted in death in a few hours. The prostate measured 2½ inches in breadth and nearly 7⁴/₅ in length.

Hysterical Apoplectiform Symptom.—Gourand and Martin Durr recently reported to the Societe Medicale des Hopitaux a peculiar case of hysteria in a male. The attacks, which attracted attention, were repeated six times while the patient was under observation. They all resembled each other and reproduced the symptoms of cerebral hemorrhage. The beginning occurs as an apoplexy; upon awakening the patient has a right hemiplegia, an immobility of the left side of the face (in reality right hemispasm) and trouble in speaking. All these symptoms were observed to disappear spontaneously and gradually. First the difficulty in speaking, then the hemispasm, and finally the brachial paralysis. After a certain period of treatment directed to the hysteria the patient was dismissed apparently cured,

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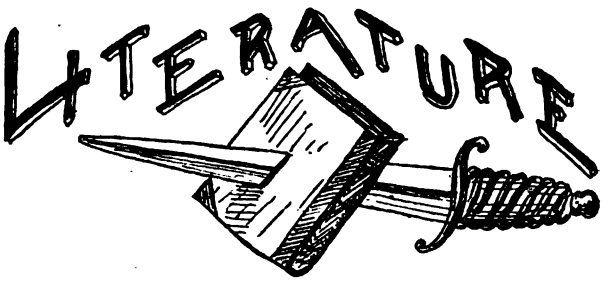

Treatise on Gynecology—Medical and Surgical. By S. Pozzi, M.D. Translated from the French edition under the supervision of, and with Additions by Brooks H. Wells, M.D. Volume I. Large 8vo., pp. 581. With 305 Wood Engravings and 6 Full-page plates in Color. [New York: William Wood & Company. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street.

The physician who desires a complete work on gynecology wherein he will find all he is desirous of in the way of information can do no better than provide himself with Pozzi's work. And we speak advisedly in this matter. The author has taught his chosen branch for years and has had most abundant clinical opportunities both in private and hospital work. He has always been a persevering investigator, a thorough student, and a keen observer. He possesses the rare faculty of being able to utilize material to the best advantage and the result of these advantages we see before us in a systematized and collected form. Although a Frenchman by birth he is cosmopolitan in his methods. He has laid the entire gynecological world under contribution as is evidenced by the extensive bibliography which is appended to each chapter, an advantage to the reader which cannot be overestimated.

Volume I. contains twenty-two chapters the first four of which are devoted to antisepsis, anesthesia, hemorrhage, drains, tampons and the examination of the patient. Metritis is considered in the next three chapters. Six chapters are devoted to fibroma of the uterus. Carcinoma of the uterus is discussed in three chapters. The various displacements of the uterus occupy four chapters the remaining two being devoted to deformities of the cervix, and disorders of menstruation. In all of these chapters the author is thorough without being prolix. He is clear in all of his descriptions and, wherever it is necessary, illustrations are introduced as a help to a clearer understanding of the text. In fact, the illustrations are a marked feature of the work and one which we cannot commend too highly.

Thoroughness is one of the leading characteristics of this work. Symptomatology, pathology, and treatment are the features which stand out in bold relief. The author is not a surgical enthusiast, but he is a thorough surgeon. Where remedial measures of a medicinal or mechanical nature are insufficient he does not hesitate to operate. It is in this particular that he excels. He is very conscientious in his recommendations of particular operations for particular conditions and his descriptions are so lucid as to leave no possibility of making a mistake.

His directions in regard to antiseptics are careful and wise but a comparison of the illustrations of his operating room at the Lourcine-Pascal Hospital and that of the Johns-Hopkins Hospital shows the superior appointments and conveniences of the American institution. Yet the results of Pozzi are of the very best and speak in the highest manner for his skill aad care.

We cannot go into a detailed consideration of the various features of this most excellent treatise. The translation, made under the supervision of Dr. Wells, leaves nothing to be desired. He has carefully edited the matter and has introduced a number of illustrations and colored plates, eliminating a few cuts which appeared in the French edition and which were of no material importance. The well-known capability of the editor for his task is a sufficient guarantee of the worth of the present edition, which, as stated above has been enriched by a number of editorial comments in the nature of additions.

The index which has been prepared is a valuable feature which cannot be too highly commended. The readers of books who have occasion to consult their most reliable guides and authors can fully appreciate this and an index which is properly constructed is one of the most valuable additions to a good work. In the present instance this feature leaves nothing to be desired.

So far as the mechanical execution is concerned the publishers may well be proud of the handsome book they have produced. The print is large and clear, the illustrations sharp, and the plates well-executed. The paper is of a superior quality and the binding elegant, handsome, and durable. The book is gotten up artistically and reflects credit upon the art of book-making in this country.

We look for the appearance of the second volume with impatience.

The Complete Medical Pocket-Formulary and Physician's Vade-Mecum: Containing upward of 2,500 Prescriptions, Collected from the Practice of Physicians and Surgeons of Experience, American and Foreign, arranged for Ready Reference under an Alphabetical List of Diseases; Also a Special List of New Drugs, with their Dosage, Solubilities, and Therapeutical Applications; together with a Table of Formulæ for Suppositories; a Table of Formulæ for Hypodermic Medication; a List of Drugs for Inhalation; a Table of Poisons, with their Antidotes; a Posological Table; a List of Incompatibles; a Table of Metrical Equivalents; a Brief Account of External Antipyretics, Disinfectants, Medical Thermometry, the Urinary Tests; and Much Other Useful Information. Collated for the Use of Practitioners. By J. C. Wilson, A.M., M.D. Long 12 mo., pp. 362.

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[Philadelphia: J. B. Lippincott Co. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $2.00.

The scope of this work is indicated in the full title given above. It is probably the best formulary we ever saw and it is gotten up in a style which is unexceptional. It is neatly bound in fine morocco with tucks and is indexed with the Imperial Index, the best which has been devised, so far, for ready reference, durability and neatness.

We can heartily commend this vade-mecum to all those in need of such a companion. It is especially valuable on account of the large scope of subjects embraced within its pages and it is in no wise cumbersome despite the fact that it is liberally interleaved with blank pages for the purpose of making additions to an already full list of prescriptions which number altogether about 2,600, exclusive of special formulæ which are given separately.

We are safe in predicting a large sale for this formulary and we would be in no way surprised to see a second edition appear in a short time. Such a reliable and serviceable guide is necessarily appreciated and a lively demand for it is a natural result.

The Medical Review Pocket-Reference Book and Visiting List.—Perpetual.

This visiting list is gotten up in convenient form, and contains all the ready references any well-informed physician could pesire. It is mailed to physicians on receipt of price, 75 cents, thus making it the cheapest of the desirable visiting lists published. See ad. page vi.

—*American Practitioner and News.*

A Man Without a Title.—A sister of the late King of Spain consented to mingle her proud Castilian blood with that of the people by marrying a doctor of medicine who had not a solitary handle to his name. When the courtiers heard of the Infanta's choice they turned up the whites of their eyes to the sky, like ducks in a thunder storm, at the bare notion of this superb patrician lily giving herself to a husband belonging to the professional classes. The doctor in question is well provided for mentally and physically, and his spouse is evidently proud of him, for when she was twitted with marrying an untitled individual she said: "I prefer a man without a title to a title without a man."

An Excipient for Nitrate of Silver is suggested by W. H. Wearn (*Canad. Druggist*) who has found, in his experience, that powdered gum acacia as a base triturated dry with the nitrate of silver, adding sufficient quantity of glucose to form mass, produces a mass that is perfect, of a beautiful cream-white color, having a decided tenacity. When made into pills they retain their shape and do not harden.

The Queen of Madagascar recently opened a new hospital at Antananarivo. It is said to be a very handsome structure.

Dr. A. Graefe, the well-known teacher of ophthalmology, of Halle, has applied for relief from his duties on account of failing health.

The Surplus of Doctors is a question which appears to be widely agitated in medical circles. This is a matter which appears like creating competition with a vengeance.

Dr. Harvey G. Mudd, of St. Louis, has joined the ranks of the benedicts. He was married to Miss Margaret Clark on January 20, last. The couple left immediately for New Orleans.

Pharmaceutical Torpedo.—We read that the dispensing of bicarbonate of soda and subnitrate of bismuth together in mixture form is often attended with results not altogether desirable, an explosive compound being formed.

Stealing Corpses does not seem to have gone out of fashion. The papers inform us that the body of an old soldier, a member of the G. A. R,, who died without medical attendance in St. Louis, had mysteriously disappeared, but it appears has been recovered.

A Suicide in the St. Louis Hospital occurred on January 20, last. The victim of self-destruction was a German of 31, who was severely frosted about the limbs. He was in destitute circumstances when found and seemed to suffer from depression of spirits.

The Bibliotek for Laeger, which appears eight times yearly at Copenhagen, Denmark, is a neat journal containing most valuable matter. While a veteran, being now in its eighty-fourth year of publication, it is fully abreast of the times and a credit to the country which publishes it as well as to its editors—Drs. Meyer and Tscherning,

Civilization and Suicide seem to have a more or less direct connection with each other, according to William Matthew. The number of the latter increases yearly. The greatest number of suicides occur in June, the least in December, the majority, in general, occurring during the early part of the mouth. The Germans count the most suicides, next come the French, the English being third in point of numbers.

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A Novel Venereal Prophylactic.—In the colonial army of the Netherlands the number of venereal patients was formerly great, amounting to 211 cases of syphilis or chancres in every 1,000 men. The remedy adopted was as follows: Each soldier in barracks had a native woman. These women were subject to military discipline, treated in the army hospitals, and in case of mobilization arranged by companies. In 1880 the number of such women amounted to 10,130 and the soldiers 30,173. Since the adoption of this plan venereal diseases (exclusive of gonorrhea) has fallen to 75 per 1,000 men.

Household Science.—A contemporary publishes the following amusing results of a late examination of girls in "Household Science." Their ages ranged from twelve to eighteen. They had entered from schools of all kinds, Government and private. Some questions concerning food and processes of cookery elicited the following answers: "Potatoes, when done, should be allowed to sit with a towel over them." "Tea, coffee, and cocoa are usually adulterated with beer, ale, and brandy." "Brown bread is more bulky and more spongy, and helps to distend the stomach better than white bread. Therefore it is more wholesome." "Brown bread forms a crust on the stomach." "Carbonaceous foods perform heat and make people fat; nitrogenous foods perform force." "Get a shoulder of mutton, trim it from the neck neatly, leave an inch or two of bare bone for a handle, add a pinch of pepper and salt; then put it on the pan and six or seven minutes will cook it." "Begin to prepare cutlets by paring the chops of the sheep." "Do not throw away the small crags of mutton." "Have your frying-pan ruthlessly clean." "A few hours should be sufficient to cook a cutlet." "Cutlets should be boiled in cold water, and served cold with some parsley and warm potatoes." "Brown bread irritates the intestates." "Each cutlet should be an inch long." "Brown bread ruffles the inside of the gullet." Some of the suggestions given for the treatment of simple ailments were as follows: "Poison should be taken out with a tweezers." "If you want to keep a room healthy, sit in it with a bowl of lime-water." "In case of a convulsive fit, speak to the patient sharply." "Place the person who has fainted in a lying posture, keep him quiet, and wait till he comes round." "If you want to know your temperature, but a barometer into your mouth." "The heat of the body is produced by putting a thermometer in your mouth." A girl was told to draw out a classification of foods according to the work they perform. She drew diagrams of a cow and a sheep and divided them into joints of a butcher's meat. The following are the kaleidoscopic forms into which the term "warp and woof" was shaken: "the warft and the werft," "the waft and the wept," "the wift and the weft," "the werp and the warp," "the weave and the worp," "the worp and the wemp," "the theft and the weft," and "the yelp and the welp."

Homeopathic medical journals do not exist in the States of Ohio, Indiana, Kentucky, Michigan and other States.

Dr. Paul Nikiforoff, the superintendent of the Imperial Insane Asylum in St. Petersburg, died recently after a brief illness. He was somewhat over 60 years old.

Rev. Baker recently fell a victim to the same fate that ended Father Damien's days. Mr. Baker had devoted himself to lepers in Batavia, and finally contracted the disease which proved fatal.

The Southern Medical Record has undergone a change in its editorial management. Drs. F. O. Stockton and P. Nicolson have retired, and Drs. A. W. Griggs, J. McFadden Gaston, and Willis F. Westmoreland occupy each one corner of the tripod.

Dr. James M. Miller, of Bloomington, Ill., is said by the newspapers to have become violently insane. He was a prominent young physician and, some three weks before this attack, he underwent a course of treatment at Keeley's Sanitarium in Dwight for alcoholism and the opium habit. He is reported to have been in feeble health ever since.

Living Without Food.—Mrs. Adam Wuchter, of Whitehall, Pa., is said to have lived over 653 days without any food. She is blind, bed-ridden, paralyzed and wasted to a shadow. Her attending physician, Dr. Seiber, states that she has a malignant trouble of the pharynx which prevents deglutition, and by others it is claimed to be a tubercular infiltration. The woman is in an unconscious condition a great part of the time, and the only nourishment she receives is that obtained from holding nourishing articles in her mouth.

The Cincinnati Obstetrical Society held its annual meeting Thursday evening, January 14. A vigorous policy was inaugurated and the society looks forward to a prosperous year. Abstracts of their proceedings will be published in a number of journals instead of tying them up in one periodical which circulates exclusively among specialists. The annual dinner will be given on the 28th inst., the members anticipating a rare treat. The election of officers resulted as follows: President, Byron Stanton, M.D.; Vice-President, E G. Zinke, M.D.; Secretary, F. S. McKee, M.D.; Treasurer, G. E. Jones, M. D.; Corresponding Secretary, C. A. L. Reed, M.D. Dr. Stanton is the almost venerable professor of Gynecology and Diseases of Children in the Miami Medical College, and has been a staunch friend and hard worker of the Society since its organization. The Society was fortunate in obtaining for the position of secretary, Dr. E. S. McKee, the well-known and efficient secretary of the Mississippi Valley Medical Asssociation, whose services have produced such good results in that organization.

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Philanthropic Pharmacy.—The pharmaceutical chemists of Saratoy, in Russia, have, with one exception, adopted a self-denying ordinance, in accordance with which they agree to dispense medicines to poor patients free of charge.

The Pan-American Medical Congress in the United States of Colombia.—Pursuant to nominations by Dr. Pedro M. Ibanez, of Bogota, member of the International Executive Committee for the United States of Colombia, the following organization of the Pan-American Medical Congress has been effected in that country: Vice-President, Dr. Pio Rengifo, New York; Secretaries of Sections: General Medicine, Dr. Ignacio Gutterrez Ponce, Paris; General Surgery, Dr. Rafael Rocha Cassilla, Bogota; Military Medicine and Surgery, Dr. Abraham Aporicio, Bogota; Obstetrics, Dr. Joaquin Maldonado, Bogota; Gynecology and Abdominal Surgery, Dr. Jose M. Buendia, Bogota; Therapeutics, Dr. Manuel Plata Azuero, Guadnas; Anatomy, Dr. Joan D. Herrara, Bogota; Physiology, Dr. Antonio Bargas Vega, Bogota; Pathology, Dr. Nicolas Osorio, Bogota; Diseases of Children, Dr. Art. Yomez Calvo, Bogota; Ophthalmology, Dr. Proto Gomez, Bogota; Laryngology and Rhinology, Dr. Luis Fonnegra, Bogota; Otology, Dr. Carlos Esguerra, Bogota; Dermatology, Dr. Daniel E. Coronado, Bogota; Orthopedics, Dr. Juan E. Manrique, Bogota; Navel Hygiene and Quarantine, Gabriel I. Castanedo, Bogota; General Hygiene and Demography, ——; Mental and Nervous Diseases, Dr. Pablo Garcia Medina, Bogota; Oral and Dental Surgery, Dr. Guillermo Vargas Paredes, Bogota; Medical Pedagogics, Dr. Sorge Vargas, Bogota; Medical Jurisprudence, Dr. Leuncio Barrets, Bogota; Auxiliary Committee (each member being the official representative of the Congress in his respective city): Dr. Nicolas Osorio, Dr. Andres Posado Arango, Dr. Jorge E. Delgado, Dr. Eugenio de la Hoz, Dr. Domingo Cagiao, Dr. Jose Manuel Rodriguez, Dr. Paulo Emilio Villar, Dr. Felix M. Hernandez, Dr. Rafael Calvo, Dr. N. Ribon, Dr. Milceades Castro, Dr. Cayetano Lombana, Dr. Jose M. Martinez, Dr. Ifaias Suavedra, Dr. Severo Forres, Dr. N. Villa, Dr. Evaristo Garcia, Dr. Miguel Caicedo, Dr. Emilio Villamezar.

The following medical societies have been elected as auxiliaries of the Congress, viz.: Academia nacional de Medicina, Academia de Medicina de Medellin, Sociedad de Medicina del Cauca.

The following medical journals have been designated as official organs of the Congress, viz.: *Revista Medica*, Bogota; *Revista de Higiene*, Bogota; *El Agricutor*, Bogota; *Boletin de Medicina del Cauca*, Cali; *Anales de la Academia de Medicina de Medellin*, Medellin.

The expressed wish of the profession of the United States of Colombia is for a date of meeting during the Columbian Exposition.

CHAS. A. L. REED, Secretary-General.

CINCINNATI.

Compulsory Vaccination and revaccination is now enforced in Italy. The law is closely patterned after that of Germany.

Statistics recently published by the Russian Medical Department show that the average yearly number of suicides in Russia is 2,215, that of infanticides being 665.

The Emperor of Austria has given a sum of 2,000 florins from his privy purse towards the building of a hospital in connection with the General "Poliklinik" of Vienna.

The Indianapolis Surgical Institute burned down on Jan. 21, last. The fire was one of the most appalling in the history of Indianapolis. Hundreds of patients, it is stated, were in a state of terror and the papers reported that sixteen bodies burnt to a crisp were taken from the ruins. At least thirty were injured, some being frightfully burned. The origin of the fire is said to be spontaneous combustion.

Tea as in China and Japan.—We read in the *Brit. Med. Jour.*: A death this week of a boy, aged 7 years ("shock produced by drinking hot tea without milk") forcibly and sadly emphasizes the particular vice of the ordinary English method of drinking tea. The tea had been left for some time "in the oven to warm," that is to say, it was a strong decoction of tea leaves to which time had been given to extract all the tannin, and which had then been rewarmed. It was then drunk without milk, that is to say, the tannin was not converted into a relatively harmless albuminous tannate by the addition of milk. It is precisely because our English method of "making tea" from such infusion of tannin as well as of theine that tea is so injurious to the digestion, and as in this case, when taken in unusual strength, on an empty stomach, and without milk, becomes an irritant poison. No people who know how to make tea use milk with it—neither the Chinese nor the Japanese; but then the hot water (not boiling!) is poured on to and off the leaves at table, and as soon as the liquor becomes of a pale straw color. The pot is always a small China one, and the hot water kettle is brought alongside it on to table. Half a minute suffices for the first infusion. It is a very grateful and refreshing beverage this "honorable tea" which one sips at frequent intervals in the Far East; but of course it would be, and is, insipid and not worth drinking if its flavor be drowned by sugar and milk. No people in the world drink so much tea or so often as the Japanese, and Europeans in Japan easily fall into the same habit. No word is ever heard of its being injurious or a source of indigestion, but that is because they take care not to extract the tannin from the tea leaves, and we take great care to do so. That is why we say persons who live on tea and bread-and-butter have weak digestions, and why this poor boy was poisoned.

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Dr. P. Michelson, the well-known writer on dermatology, who was connected with the University of Koenigburg, recently died.

Traumaticin is probably an unfamiliar pharmaceutical name to many of our readers as we have found it to be to druggists. It is simply an abbreviated form which is meant to supplant the appellation of liquor guttæ perchæ.

The Vienna Society of Medical Professors has resolved to recommend the bestowal of the title of Professor on the following "Docents": Drs. Bergmeister, English, Hochstetter and Paltauf. The recommendation must be presented to the Minister of Public Instruction.

Combination Capsules are said to be a source of worry to Carlyle Harris. He is accused of having manipulated capsules administered to his wife. The original capsules were to contain only morphine and quinine and he is accused of having emptied them and refilled them with morphine.

Illinois Doctors.—The Illinois State Board of Health, during the week ending January 22, issued certificates entitling to practice medicine in that State to the following physicians: David M. Logan of Ashland, Cass County; Allen A. Mathew of Oak Park, Cook County; Thomas Noble of Harvey, Cook County; Bettie E. Peerey of Chicago and Charles W. Yeck of Arensville, Cass County.

A Libel Suit against the *Brooklyn Eagle* has been instituted by Dr. Mary H. Dixon Jones. The plaintiff was connected with the Woman's Hospital of Brooklyn, and in April, 1889, the *Eagle* began a series of articles denouncing the hospital and accusing Dr. Jones of obtaining money under false pretences; performing unnecessary operations dangerous to life, on women, without their knowledge or consent, and removing bodies from the hospital, without permits from the Board of Health.

Beri-Beri in the Malay Peninsula.—Dr. A. W. Sinclair, Residency Surgeon, Kwala Lumpor, Selangor, in his report for 1890 again refers to the prevalence of beri-beri in his district, where no fewer than 1,619 cases of this little understood and much misunderstood disease were treated in the State and Prison hospitals during the year; the mortality among these cases amounted to 292, or 18 per cent. The prevalence and fatality of this disease in the fine possessions in the Malay peninsula and neighboring islands is not properly asspprehended in England. It undoubtedly is a serious, if not the principal, obstacle to the rapid populating of these rich and fertile lands. Dr. Sinclair has done well, in his present report and on previous occasion, to call special attention by a series of carefully prepared tables to this subject.

A Scotch Hospital is soon to be erected in Chicago as a memorial to the poet Burns.

Methozin is one of the names which is used by physicians to designate antipyrin when the object is to conceal the fact from the patient.

Anticylic Acid—*anti*-PYRIN + SALI-*cylic* acid = *anticylic* acid + SALIPYRIN—is only a hoax, intended to ridicule the present mania for new compounds and nomenclatural acrobatics, says a pharmaceutical contemporary.

A Congress of Socialistic Students was recently held at Brussels, Belgium. The number in attendance was about eighty. Germany had no representatives. It would appear that this movement has met with but little favor in Europe. We have not yet heard of any such move being contemplated in this country.

A Book Agent Fraud.—Doctors appear to have been selected by book frauds as their particular victims. The *Lancet-Clinic* publishes the following which we commend to the perusal of our readers:

The following letter from Dr. Wilkinson, of Van Wert, O., explains itself, and is given publicity that others may be warned against this party, who is representing himself as authorized to receive subscriptions for the *Lancet-Clinic:*

VAN WERT., December 29, 1891.

Editors Lancet Clinic:

SIRS.—Find enclosed a receipt of a "Law and Medical Book Concern," Chicago, of $3.00 for *Lancet-Clinic* for one year, given by agent David J. Bigger, who was in my office on date given receipt. Also find notice from Chicago post-office department stating that there is no such firm there. I presume this is all a fraud, and I write you so you may ventilate it in the columns of your journal, if you desire. He "took in" several M.D.'s in this city, and he is probably in operation somewhere yet. Respectfully,

E. L. WILKINSON.

The card and receipt of the bogus concern is also published:

THE LAW AND MEDICAL BOOK EXCHANGE.
CHICAGO, · ILLINOIS.

Cash Capital, $250,000. David J. Bigger, State Agent.

[Receipt.]

$3.00. CHICAGO, ILL., Dec. 3, 1891.

In consideration of $3.00 paid to our authorized agent, David J. Bigger, The LAW AND MEDICAL BOOK EXCHANGE will forward the *Lancet Clinic* for 13 months to E. L. Wilkinson, M.D. This receipt is also a certificate, and entitles holder to a year's membership in the Exchange. The LAW and MEDICAL BOOK EXAHANGE.

No. 1721. CLINTON. B. ARMOUR, Pres.
SCOTT CLAY, Sec.

A New Psychiatrical Journal has appeared in Italy. It bears the rather extended title of Rassegna clinica e statistica della Villa dei Salute dei Palermo.

Artificial Honey is among the latest substitutes for natural products which has been produced. It is made in Germany and is said to be a formidable rival of the natural product.

A New Society has been organized at Bordeaux, France. The meetings will be held once a month and the subjects to be discussed will be gynecology, obstetrics and pediatrics. The number of active members is lsmited to thirty. There will be national and foreign corresponding members.

A Midwife in St. Louis is reported as having attended a woman in childbirth and of having left the child uncared for declaring that it was dead. The child was alive but died the next morning, the midwife having refused to attend to it after learning the state of affairs. A coroner's jury is to investigate the matter.

Little But Old.—Mrs. Elizabeth Tatum, living three miles south of Ozark, Mo., recently celebrated her one hundred and fourth birthday. She is said to be the oldest woman in the State of Missouri. At the age of 52 she gave birth to her oldest son, William. She is a small woman, weighing only eighty pounds.

A Colored Female Doctor.—We learn from one of our exchanges that Mrs. Halle T. Dillon, daughter of Bishop B. T. Tanner, is the first colored woman physician to pass the Alabama State medical examination, which was a written one and occupied ten days. Dr. Dillon, after passing with high average, now occupies the position of resident physician at the Tuskegee (Alabama) Institute.

The St. Louis Medical Society at its meeting, held Jan. 23, decided upon organizing the physicians of the city to assist the Provident Association in its work of charity. After a discussion of various methods it was decided that the city should be divided into seven districts and a committee of fourteen should be appointed to take charge of the work. The committee, it is thought, should be divided into seven subcommittees of two members each, to take charge of the districts and stir up an interest in and organize the work. On motion, a committee of fourteen was appointed, and the manner of organizing and laying out a plan was left in their hands. The members of the committee are: Drs. A. B. Shaw, Chairman and Drs. A. C. Robinson, A. J. Steele, H. H. Mudd, A. F. Bock, W. N. Brennan, C. O. Curtman, M. A. McCabe, W. H. Mayfield, J. H. Croswhite, Henry Hickman, Hy. Bribach, R. C. Atkinson and J. W. Jenkins. Dr. Langan has charge of the correspondence for the committee in his capacity as corresponding secretary.

Difficult to Fill.—At a reception given in honor of his sixtieth birthday, Prof. Anton Kerner, of Vienna, gave some excellent advice to his young admirers, the university students, in the form of the following appropriate prescription:

℞ Veritatis,
Humanitatis,
Fidelitatis,
aa. in infinitum.

Misce., fiat elixirium vitæ, signa: Use persistently during the entire life.

The prescription is cheap but the ingredients are obtained with difficulty.

Coffee Adulteration has assumed gigantic proportions in this country, if the assertions made in the *Kew Bulletin* may be given full credence (*Western Druggist*). Of the 276,000,000 pounds (estimated) sold to consumers, from 95,000,000 to 120,000,000 (according to different authorities) pounds are bogus, representing a money value of at least $25,000,000 out of which the people are defrauded. On these adulterants and substitutes the manufacturers realize about $6,000,000 and the retailers about $18,000,000 annually. Artificial coffee is now produced which, in both the green and roasted state, will deceive most all but experts or those on the alert, and the profits accruing from its manufacture are so great that one American firm is said to have refused $1,000,000 for the secret and business of making this fraudulent coffee bean. In Germany this nefarious business has been stopped and the manufacture of the machinery for its production interdicted, and it would seem that steps in this direction in our own country were far more important than the attempted suppression of butterine.

A Gold Cure Institute was opened in St. Louis on Jan. 25 by Dr. R. W. Fisk, who is backed by a number of capitalists. The claims made by the chief promotor is as follows: The patients will not be boarded, but elegant lounging-rooms will be at their service. Associated with me in the enterprise are some capitalists, who are thoroughly responsible men. We shall not continue the institution as an individual enterprise, but shall form a stock company. We keep plenty of the best whisky on hand and patients are allowed all they want of it as long as they will drink it. After the third day, however, even the smell of the finest whisky nauseates them. The treatment continues for about three weeks in ordinary cases, and during that period the patient is required to be at the institution three times a day for treatment. Aside from the gold treatment, the patient is given a blood and nerve tonic every four hours alternately. When a man leaves the institution after treatment he is permanently cured. Unless he willfully cultivates it he will never have a desire for strong drink again. There is no injury to the nervous system in taking a man off his liquor, and no evil results can posiibly follow the treatment.

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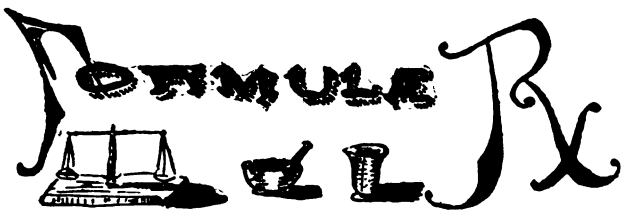

Nocturnal Emissions.—

℞ Ext. aloes, - - - - - gr. iij.
Ext. belladonnæ, - - - - gr. ij.
Ext. hyoscyami, - - - - gr. iv.
Pulv. camphoræ, - - - - gr. iv.
M. Ft. pilulæ No. xii. Sig.: One pill every night.

Gastralgia.—According to an exchange the following (*O Galenos*) is highly spoken of in the treatment of gastralgia:

℞ Antipyrin,
Natrii bicarbonat, - - - aa ℈ij.
M. Divide into four powders.

Purgative for Children.—The following is recommended in *L'Union Medicale*:

℞ Castor oil, - - - - - ℥iv.
Infusion of coffee, - - - ℥ij.
Powd. sugar, - - - - - ʒv.
Yolk of egg, - - - - - No. j.
M. Ft. emulsio.

A New Cold Cream.—The following is given in the *Pharm. Record*:

℞ Oil of sweet almonds, - parts 100.
Wax, white, - - - - " 100.
Spermaceti, - - - - - " 20.
Glycerin, - - - - - " 300.
Boric acid, - - - - - " 12.
Filtered water, - - - - " 100.
Perfume to suit.

Melt the wax and sperm, add the oil, separately dissolve the boric acid in the glycerin, heat and while warm add to the warm fatty solution; then add the warm filtered water at once, and stir constantly until a smooth ointment is complete. Before it is too firmly set add a suitable perfume.

Solution of the Four Chlorides.—Formula of Dr. W. Goodell (*Am. Jour. Phar.*):

℞ Hydrarg. bichlor. corros., - gr. j.
Liq. Arsenici chl., - - ♏xlviij.
Tinct. ferri chloridi,
Acidi hydrochlorici dil., - aa ℥iv.
Syrupus zingiberis, - q. s. ad, ʒiij.
M. Sig.: One-half to one teaspoonful in water after meals.

This preparation is being prescribed quite frequently, and several formulæ disagreeing with each other have been published. The above is an exact copy of the formula recently received direct from Dr. Goodell.

For Chronic Gout.—For the local treatment of this rebellious malady, the following formula is recommended as being of great utility:

℞ Ethereal tinct. of capsicum,
Spirits of ammonia,
Essence of turpentine,
Linseed oil, - - - - - aa ℥j.
M. Sig. To be applied by rubbing

It is also said to be of value in articular and chronic muscular rheumatism, and even in chronic bronchitis.

Irritable Cough.—

℞ Acetanalid, - - - - - ʒij.
Gum acacia, - - - - - ʒij.
Syr. ipecac., - - - - - ʒss.
Neurosine, - - - - - ℥vj.
M. Sig.: Teaspoonful in a little water every two or three hours.

Atrophic Rhinitis.—Jonathan Wright recommends the following:

℞ Thymol, - - - - - gr. jss.
Alcohol,
Glycerin, - - - - - aa ℥jss.
Distilled water, - - - - ℥j.
M. Sig.: Apply diluted at first, then in above strength.

Menorrhagia.—

R Ext. ergot, fl.
Ext. Geranium, fl. - - - aa ℥j
Dioviburnia, - - - - - ℥xiv.
M. Sig.: Tablespoonful three times a day in a wine glass of hot water, or if necessary it can be repeated every two hours.

Painless Method of Using Iodine Hypodermatically.—Dr. A. O. Squire, in carrying out the Shurley-Gibbes treatment, recommends the following preparation (*Med. Bull.*):

℞ Eucalptol, pure, - - - ♏xxxij.
Guaiacol, pure, - - - ♏xvj.
Iodoform, - - - - - gr. viij.
Iodine, - - - - - gr. iv.
Ol. amygdal. dulc. (sterilized), q.s. ad. ℥j.
M. Sig.: For hypodermatic use, 10 to 30 minims daily, or alternating with gold and sodium solution, as desired.

Seborrhea Capitis.—Liebreich recommends the following especially in women with long hair (*Merck's Bull.*):

℞ Ether Spirits, - - - parts 1000.
Benzoin Tincture, - - " 100.
Vanillin. - - - - - part 1.
Heliotropin - - - - - parts 3.
Geranium Oil, - - - " 2.
Sig.: Pour a tablespoonful on the head once a day, after washing (or without previously washing), and rub in with a fine cloth.—(Inflammable!)

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He'd have Died Anyway.—Speakin' o' doctors, said old man Hensley, the ones they turn out now-a-days out o' these here medicle institoote ain't practicle. On'y things they learn is a lot of the'ries that they can't put to no earthly use; an' they goes on a dopin' an' dosin' people accordin' to what these yer books tells 'em; but they ain't practicle; no, sir. 'Member one fall, nine years ago, feller t'was workin' for Abe Hopkins took mighty sick all ov a sudden. Wa'n't no doctor 'ithin sixteen miles, 'cept old Doc Crantz, an' he was a vet'nary hoss doctor; but old Doc knew what he wuz, you betchu; said a hoss' dose for that there same sickness was four poun's, an' he figgered it a hoss weighed fifteen hundred an' this yer fellow weighed one fifty, jes' one tenth es heavy, you un'erstan'; an' so he gin 'im one tenth uv a hoss' dose in proportion. That there's what I terminate applyin' yer the'ries. What's that? Oh! in 'bout an hour; but 'twant no ways likely es that killed 'im; he'd a prob'ly died anyway.

No Organic Disease.—Mrs. Gumps.—"Well, these 'ere doctors don't know much, that's a fact. You know what a time I've had with little Johnny's mouth lately?"

Caller.—"Yes; you told me."

Mrs. Gumps.—"Well, at last I took him to a doctor. The doctor looked him over and said Johnny 'hadn't no organic disease.' And yet there Johnny sat in plain sight, with his lips sore from playin the mouth organ."

An Innovator.—"Oh, that I could remodel man! I'd end these cruel pains by hitting on a different plan from that which now obtains. The stomach, greatly amplified, anon should occupy the all of that domain inside where heart and lungs now lie. But, first of all, I should depose that diabolic curve and author of my thousand woes, the pneumogastric nerve!"

Everybody Doctors.—A native of Madagascar, just landed in Paris, asked his guide:

One would be tempted to believe that every one here is a doctor.

Why?

Because they cannot meet without immediately inquiring: "How are you?"

First Damsel.—"But I thought he said he would never speak to you again."

Second Damsel.—"O, yes; but he saw I had a cold, and he couldn't resist the temptation to tell me of a sure cure."

Railways in Alsace Lorraine.—At the close of the year ending March 31, 1891, the length of all railways in Alsace-Lorraine was 861 miles, including 15 miles of narrow gauge line. The receipts from freight and passenger business for the year showed an increase of 1.4% and operating expenses an increase 7.9%.

No More Passes.—According to the *Railway Age* Senator Chandler has introduced in the U. S. Senate a bill to amend the interstate commerce act providing that giving free transpotation, except as allowed by the act, shall be deemed unjust discrimination and punished as provided by the act. Railroads are to be compelled to keep a record of passes issued and the record is to be kept at the disposal of the stockholders of the road, the railroad commissioners of the State and the interstate commerce commissioners.

Paying Railroad Fares in Transit.—The following decision was recently rendered by the Supreme Court of Minnesota:

Plaintiff, without a ticket, though he had full opportunity to procure one, boarded defendent's train at Faribault, to go to Owatonna, and, when he told the fare collector where he was going, the latter told him the fare was 50 cents, which he paid. This was more than the ticket fare, but six cents less than the train fare. Before the train arrived at Walcott, the first station at which the train was to stop, the collector informed plaintiff of the error in the amount of the fare and required him to pay the six cents, which plaintiff refused, and the collector told him unless he paid it he must leave the train. On arrival at Walcott, where the train stopped, the plaintiff persisting in his refusal, the collector put him off and then returned him the 50 cents, less the fare from Faribault to Walcott. Held, that the collector, on discovering the mistake, might, within a reasonable time, require plaintiff to pay the other six cents.

Also that, notwithstanding his first refusal, the plaintiff might, at any time before the arrival at Walcott, still pay the six cents and secure the right to be carried to Owatonna.

Also that the collector's retention of the 20 cents till the arrival at Walcott was not a waiver of the right to require payment for the six cents.

Also that the company had a right to be paid the fare from Faribault to Walcott and the collector might retain it out of the 50 cents.

Also that the collector could not retain the entire amount and also put plaintiff off, but could put him off only upon first returning to him the 50 cents, less the fare to Walcott and having put him off before doing so, the expulsion was wrongful.

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MEDICAL REVIEW.

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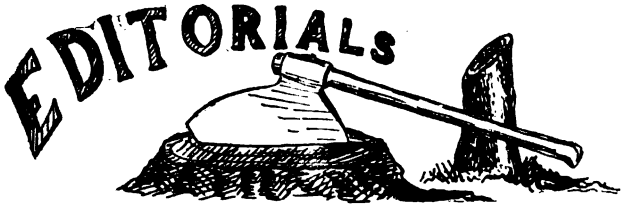

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Criminality in the Profession.

It is a well known fact that in antiquity the physician, as such, was unknown. The ailments of the body were regarded as visitations of the gods, as punishments inflicted in atonement for real or fancied neglect of the offended deity, and what more natural for the sufferer than to go to the representative of the angered god? The practice of medicine, for this reason, was to a great extent entirely in the hands of the priest. It was a mysterious art whose arcana were guarded with jealous care, and only transmitted to the full-fledged priest, the neophite being spurred on to study more and perfect himself to a greater degree by the hope of being able to penetrate into the holy of holies of medicine. It was thus that the medical art acquired a sacerdotal character, a character which it still retains to a large degree in certain countries, and among certain classes of people.

A time came, however, when the iconoclast rudely tore the veil asunder, and exposed to the vulgar gaze the most intimate secrets of the sacred art. The awe-stricken multitude shrank back, and it was but a few bold spirits who dared enter within, and even they were brought under the sacred influence which seemed to govern their actions from that time on.

Time, however, worked changes in this as it does in all things, until the condition presented to us to-day was finally reached. The self-respect which the physician owed himself, the study which he owed to his art, the earnestness and application which he owed to his patients, have slowly diminished to give place to sordid motives, to the passion for riches or notoriety, to the all consuming selfishness of the ordinary mortal. While this influence has been a general one, to a certain extent, it has been limited in its force. It is only the few who have succumbed to it. The many may have lost much of the dignity, much of the application; but it has retained the earnestness of purpose, the devotion to duty, and the charity which should be appendages of the profession of medicine.

But what shall we say of the few who have transgressed the laws of man, who have violated the principles of morality, who have trodden under foot the germs of humanity! They have not only done those things; but, in addition, they have brought odium upon an honorable profession; they have made useful, moral, intelligent men a by-word and objects of scorn and of contumely, of ribald sarcasm and low ridicule. They have degraded medicine by dragging an honorable title in the filth, to which they have descended, and the public, too willing, perhaps, to make a practical application of Virgil's *ex uno disce omnes*, looks upon these examples as representative of all.

It has come to such a pass that a daily newspaper is no longer complete without the record of one or more disreputable exploits or deeds, or the infamous record of some physician. If our readers will have noticed our news columns, they have seen how many such cases occur, and these are not all, by far. With such a record staring us in the face it is a difficult matter to convince the public that doctors are, as a class, honorable, kind-hearted, pains-taking gentlemen. They are human, it is true, but they have learned to subdue the Adam in their nature to a much greater degree than they are credited with. When right is done it passes by unnoticed; commit a wrong and it is bruited about.

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Criminality in the medical profession is not so ram-

pant as it is generally believed and claimed to be. It is not so great as it is in the clergy, if we are to rely upon the published accounts which daily come before us. And yet, who is there who would claim that the clergy, as a body, is depraved, debased, and full of vices? We can readily understand that the crime of a physician should attract so much attention. His intimate relations with his patients, their implicit trust and faith in him, their blind obedience to his orders, all these are influences which have exerted their power to a less or greater degree upon the individual members of the great public. For them to find that their idol had feet of clay produces such a shock, so much disappointment that they hesitate to worship another, lest that he, perchance, should also prove the same.

We know better. We know that the medical profession, as a body, is worthy of all the confidence that can be reposed in it. We know that it is composed of men who labor for humanity without price or reward, and whose charity is so expansive that they will not even forget it to protect themselves. The only method of winning back the universal respect of the community in general, of once more fulfilling the true functions of the leader, of being again tendered the first fruits of the golden opinions of all is not to deserve them, but it is to crush out of professional existence the harpies who have polluted a noble profession with their filth.

A firm and determined purpose to do this, aided by energy in action and swift punishment is the only method of dealing with this question. The profession has come to that period of its existence when it must gird up its loins and clean out this Augean stable. It is true that this is a herculean task, but the strength of the profession is herculean when put forth in a combined effort. And there is one source of help upon which it can always rely, one ally which will never prove recreant to its trust, one which would gladly see such a desired change take place—the medical press. And as the press is the voice of its readers we are certain that all will agree with us that the "little leaven that leaveneth the whole lump," whether it be for good or for evil, is potent in its ultimate effects, and power can be fostered or destroyed by the proper means promptly applied.

Prohibitive Laws do not seem to act satisfactorily in some instances, for as the *Lancet-Clinic* says, two of the blights upon modern civilization are prostitution and intemperance. To the medical mind these subjects may be considered as of paramount importance, and the medical profession is constantly striving to obtain means by which we may be rid of these twin evils. The past history of these evils is an exceedingly interesting and instructive lesson and should always be taken into account before an attempt is made to attack them. It is highly probable, in fact it is known, that the history of these vices is co-extensive with that of mankind. In the earliest times it is probable that the family relation was not such as we now enjoy, and, therefore, promiscuous sexual intercourse was more or less the natural condition of affairs. No doubt exists that even in the very earliest times unlawful coitus was prevalent, but we have no history to show that prostitution of the body for the purpose of gain was at all customary.

In regard to drunkenness, it is a remarkable and noteworthy fact that every nation under the sun possesses some stimulant which is capable of producing drunkenness, and that excessive indulgence is as wide-spread as man. We believe that the great mistake of the past has been that of regarding those who are the passive agents as the criminals; hence, we have had almost unlimited legislation against the saloon and brothel-keepers. What has been gained? Absolutely nothing. The drunkard and the fornicator are the ones who should be held responsible for their own acts. Man is a free agent, and determines for himself what he will do and from what he will abstain. It is for these reasons that prohibition will always prove inefficient and the solution of the problem must be sought elsewhere.

Shall Clergymen Pay the Physician for Services is a question which one of our New York cotemporaries disposes in the following manner: This question has come up for discussion, based upon the bill of a Brooklyn physician made against the estate of a Catholic priest for services rendered. The heirs protested on the ground that it was usual for physicians to make no charges under the circumstances. There is no reason why this should be so, however, as was very properly stated by a priest in voluntarily answering the question in a letter to one of the newspapers. We entirely agree with the latter assertion and that, save in a very few exceptional cases, charges should always be made. The physician pays the priest for the marriage ceremony, for christening, and his heirs are expected to be ready with an honorarium when mass is said at the funeral of the doctor, when his many deeds of charity are over. Nor does the physician enjoy a free pew in the church of his choice on the score of helping the deserving poor of the congregation. As a mere matter of advertisement for practice it seldom if ever pays, as the clergyman chooses a physician for himself, but for policy sake does not care to recommend one doctor more than another for members of his flock. But more than all, the services to the priest or minister are valued in proportion to the amount actually paid for them.

Leprosy and Segregation is occupying much of the attention of medical men at the present time: The question of what shall be done with lepers is always a vital one and now more so than ever. The *Medical Record* states that the Pennsylvania State Board o Health has just caused to be circulated among physicians, who would be likely to know something about leprosy in the United States, a series of questions bearing upon its prevalence, contagiousness and the best means to rid the country of it. It is not stated what

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object the Board has in view, but from the fact that the Philadelphia Board of Health is said to have sent a memorial to Congress in favor of the establishment of stations for lepers in various parts of the country under Federal control, it is to be presumed that the State Board intends lending its aid in the same direction. If this most desirable end can be accomplished by combined effort, every city and State board in the country should join in the work. There are not many lepers in New York, but there are too many. It is said that the Chinaman Ong Moy, or Tsang Ding, recently arrested by the Board of Health and sent to Charity Hospital, is rapidly developing into a case of elephantiasis of the white variety. He doesn't want to stay, the other patients want him to go, the doctors don't care to have him remain, the Commissions are not anxious to continue their hospitality, and the Board of Health would willingly remove him if they knew how or where to get rid of him.

Now, if one innocent "Chinee" can cause so much trouble, what will happen when the city is called, as it some day may be, to provide for a number. Besnier has just startled the Parisians by announcing that there are at least one hundred lepers within the walls of their gay capital. Is it not possible that New York may some day be equally surprised?

We have leprosy all about us, and in spite of quarantine regulations it enters the country. In Jamaica alone the estimated leper population is 450, or 1 leper to every 1,380 of the residents of the island, and Jamica is not far off.

New Orleans has a large and apparently increasing native leper population, and if anything is ever to be done to stamp out the disease in the United States it ought to be done now.

A Marked Feature of the MEDICAL REVIEW, as our readers have no doubt already observed, is the department devoted to "items of interest." What we further desire to call to the attention of those who read our columns is the fact that each one ought to be a contributor by sending us news, either by letter or by means of marked local newspapers. We desire to make this a feature and the news column should certainly be one in a weekly medical journal. When news items are sent to us by letter the matter should be signed in every instance as a matter of protection and as a proof of good faith on the part of the sender. So far we have not yet been favored by any news on the part of readers or subscribers, but we hope that they will reform in this matter and favor us in the manner we have indicated, wherever an opportunity to do so presents itself.

Medicine as a Business is too often lost sight of and the public has been, in a way, educated to the improper idea of regarding it as an amusement. The *Southern Clinic* says that the public is very quick to detect our weak points and equally sure to avail themselves of every advantage in the struggle for the "survival of the fittest" continually going on between man and man. Unfortunately most physicians by reason of the delicate relations existing in their professional intercourse, become the friends and advisors of their patients as well as their medical attendants. This very attitude is unfortunate for the physician. He at once ceases to treat his families on strict business principles. He fails to demand his fee promptly and in full amount because *he knows* of the sufferings and needs of the people. His bill is put off for the last one to be paid, or is paid by little bits, or frequently never paid. This is all a mistake—a gross injustice to ourselves and to our families. We speak from experience in this matter. We have lost thousands of dollars by neglecting to promptly demand pay for our services, while others of shrewder business tact have picked up these same families and made money out of them. Too much sympathy with an ungrateful public is the worst mistake a doctor can make.

Consanguineous Marriages are deprecated as a rule. The *Medical News* observes that there is popularly a very widespread, and in its results, beneficial prejudice against the marriage of "blood relations"; but late researches tend to prove that this prejudice, though practically of good effect, is not based upon scientifically correct observation and reasons. Consanguineous marriages, do not, as commonly supposed, tend to produce insanity and idiocy in the children, but according to the simple law of cause and effect they tend to intensify the qualities, healthy or diseased, good or bad, of the parents. If the two parent stocks have an inherited tendency to insanity, the offspring will have that tendency doubled. If the consanguineous parents are both tuberculous the children will have precisely the same, but no greater, probability of being tuberculous than if the parents had not been related. But if the consanguineous parents are without pathological taint, and both possess exceptionally desirable or peculiar characteristics, the offspring will inherit the exceptionally pure and strong type intensified and perfected. Stock-raisers take advantage of this law, and by in-and-in breeding they quickly bring a herd to surprising perfection in a short space of time.

The Legal Status of the Physician is discussed in the *Toledo Medical Compend* by Dr. H. G. Blaine who states that there are a few specific laws governing the course of physicians in practice. The common expectations of society, and the general usage of his fellows in the same country govern him more than do the codes of medical ethics. The law recognizes him the same as that of an ordinary individual, and he is entitled to recover from one who has employed him whatever that person has agreed to pay. If he should do an injury by his negligence or want of skill, he must pay damages. The nature of his calling is such that his offences are rendered peculiar to his

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vocation. However, circumstances will apply to him the same as to any other person engaged in a different business; these are recognized as general principles. To illustrate this, how unusual it would be for a doctor to carry on his business under a fictitious name, though he has a perfect right to do should he wish. The only thing that would restrain him would be his professional pride, for he has the same legal freedom as that of any other person.

Chloroform Anesthesia.—Dr. Lomb Atthill states (*Brit. Med. Jour*) that an experience of forty years in the use of chloroform has led him to conclude that if chloroform is to be safely given, it is essential, in addition to procuring a pure drug and selecting the best inhaler, to see that the person who administers it not alone understands what he has to do, but conscientiously carries it out. Thus if he is watching the steps of the operation instead of carefully observing the condition of the patient, the fatal result, if there be one, lies at his door: and fatal results under such circumstances there certainly will sooner or later be. The failure to observe this rule will probably account for the majority of the accidents which occur with chloroform.

Ether being a less powerful anesthetic than chloroform, and being also less depressing, it can without doubt be given with somewhat less care than chloroform; and if neither a proper inhaler nor competent chloroformist can be obtained, it is better to use ether. Again, in very tedious operations I generally deem it wise to substitute ether for the chloroform after two hours have elapsed, not that I by any means do so always.

In conclusion, without entering into the vexed question as to the cause of death under either ether or chloroform, I am, as the result of my own practice, decidedly of opinion that, with due care and attention to the rules laid down—namely:

1. To see that chloroform be pure.
2. That a proper inhaler be used.
3. That the respiration and pulse be watched, and
4. That the needful degree of anesthesia be steadily maintained—that the use of chloroform is safe, certainly quite as safe as ether, while its effects are infinitely less disagreeable to the patient both during and subsequent to inhalation.

He does not believe it likely that the controversy as to the relative merits of the various anesthetics will ever be definitely settled; each have their advantages and their disadvantages; none are absolutely safe, nor is it likely that any such will be discovered; but he believes that with proper care the number of fatal cases will be greatly reduced. Perhaps he should add that whenever he has given ether he has used Ormsby's inhaler, which so far as he knows is the best.

Fracture of the Nasal Septum.—W. T. Clegg writes to the *Lancet* that during the past year two cases of this injury have come under his notice. In both the cartilage of the septum was displaced so as to occlude the left nostril. Both complained that the right ala nasi being unsupported fell in when an inspiration was taken with mouth closed, and acted like a valve, making nasal breathing an impossibility. It was to remedy this that both patients consulted him. Now all mention of this is omitted in articles treating the subject, yet it is the principal difficulty to be dealt with. In the first case, by making four cross cuts through the cartilage eight triangles were formed, and these were separately fractured at their base. The septum could then be pushed into place, and the nostril plugged to support it. At the end of three weeks the result was perfect. He has lost sight of the patient since, and so cannot say whether the good result was permanent, but he has no reason to doubt it. The second case has not yet come up for treatment.

Removal of the Great Toe-Nail.—A writer says in the *Lancet*: I am frequently called upon to remove the great toe-nail by surgical operation. Till within the last year or two I have followed the usual method by dividing the nail down the middle with a pair of scissors, and tearing away each half separately with forceps. Of late I have adopted another plan, which I venture to recommend as much better. Observing, as all must have done, the readiness with which a splinter of wood inserts itself beneath the nail, I take a piece of ordinary deal lath about four inches in length, pare one end thin, and adapt it to the size and shape of the particular nail. The thin edge, previously oiled, is passed rapidly beneath the nail down to its root and the hand raised, thus completely detaching the nail from its bed in about two seconds of time. The advantages claimed for this simple operation are threefold—its extreme ease of execution, its rapidity, and the very slight injury inflicted on the soft parts. I am justified in recommending its adoption by the approbation of others who have tried it.

Influenza Bacillus.—Dr. R. Pfeiffer gives the following description of the influenza bacillus (*Deut. Med. Woch.*): The influenza bacilli appear as very tiny rodlets, of about the thickness of the bacilli of mouse septicæmia, but only half the length of these. One often sees three or four bacilli strung together in the form of a chain. They stain with some difficulty with the basis aniline dyes. Better preparations are obtained

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with dilute Ziel's solution and with hot Loeffler's methylene blue. In this way it can be seen almost, as a rule, that the two ends of the bacilli take the stain more intensely, so that forms are produced which can only with great difficulty be distinguished from diplococci or streptococci. In fact I am inclined to believe that some of the earlier observers also saw the bacilli described by me, but that, misled by their peculiar behavior with regard to staining agents, they described them as diplococci or streptococci. They cannot be stained by Gram's method. In hanging drops they are immobile.

These bacilli can be obtained in pure cultures. On 1½ per cent. sugar agar the colonies appear as extremely small droplets, clear as water, often only recognisable with a lens. Their continued culture on this nutrient medium is attended with difficulties, and up to the present I have not succeeded in carrying it beyond the second generation.

Numerous inoculation experiments were made on apes, rabbits, guinea-pigs, rats, pigeons, and mice. Only in apes and rabbits could positive results be obtained. In view of these results I consider myself justified in pronouncing the bacilli just described to be the exciting causes of influenza. It is very probable that infection is produced by sputum charged with the germs of the disease.

Cow's Milk in Infant Feeding.—Dr. M. F. Cupp, speaking from experience states (*Lancet-Clinic*) that among children in large cities, with bad sanitary surroundings, or under other unfavorable circumstances, where artificial feeding cannot be practiced with any degree of success, owing to inability to procure pure cow's milk in an assimilable condition, it is doubtless true that even a poor wet-nurse is the only safe alternative. He does not speak of children suffering from gastro-intestinal diseases, but of those whose digestive organs are as yet in a state of comparative health. Among children in the country, with whom we may deal differently, as a plentiful supply of cow's milk of good quality may generally be obtained, we may frequently advise the relinquishment of the mother's breast and the substitution of the former nutrient with the most happy results.

We do not advocate the general abandonment of breast feeding, but would simply call attention to the fact that cow's milk may often be substituted for that of the mother with good advantage.

Bromoform in Whooping-Cough.—Dr. E. J. Mellish speaks in very high terms of the curative effects of bromoform in whooping-cough or pertussis (Chicago *Medical Recorder*). Bromoform, C. H. Br_3, is a colorless, limpid liquid, analogous to chloroform, the three atoms of bromine in the former taking the place of the the three atoms of chlorine in the latter; its specific gravity is 2.8, or more than twice that of chloroform; it is easily soluble in alcohol, very poorly so in water; it has a sweetish, agreeable taste and does not affect the mucous membrane of the mouth. Owing to its extreme volatility and discoloration when exposed to light, heat and air, it should be well stoppered and kept in a cool, dark place, or may be dispensed in dark bottles.

Dr. Stepp, of Neuremberg, was the first to advocate its use in pertussis. The best mode of administration is one recommended by him as follows: Drop the bromoform into a teaspoonful of water; it sinks to the bottom of the liquid and collects there in the form of a pearl. On administering the dose, care must be taken that the bromoform pearl really goes into the mouth of the patient. It is swallowed with the water, and if a swallow of water be taken after the taste left is scarcely perceptible.

The dosage of bromoform is usually: For children three to four weeks old, 1 drop three or four times a day; for children up to one year old, 2 or 3 drops three or four times a day. In the main he has adhered to this dosage, but latterly found that smaller doses, repeated every two or three hours, night and day if necessary, appeared to give better results. In some cases he gave larger doses than those recommended above, and considers it safe to do this when the case is in intelligent hands. He noticed no bad symptoms in his cases which could be traced to the bromoform. In one case, however, the dosage was reduced on account of drowsiness occurring soon after taking.

Abdominal Palpation in Labor.—The management of labor without vaginal examination and without prophylactic vaginal douches, is strongly advocated by Dr. Julius Rosenberg (*Med. Rec.*). He is strongly in favor of abdominal palpation which he practices in the following manner:

The woman lies upon her back, with her limbs extended, the abdomen is exposed from the symphysis to the ensiform cartilage.

First. The physician sits at the side of the woman, places both hands slightly flexed, so as to correspond to the convex surface of the uterus, upon the abdomen, and gradually carries them upward toward the fundus; this reached, the failure of resistance is noticed. This teaches us the size of the uterus, time of gestation, whether the child is in longitudinal or transverse position, and whether head or breech occupy the fundus. The uterus is recognized by its intermittent contractions. Care should be exercised not to mistake the bladder for the uterus, therefore the former must always be emptied prior to an examination.

Second. The hands are placed at each side of the uterus; then under one hand we feel the arched back, under the other the small parts corresponding in position to the abdominal surface of the fetus. When the abdominal walls are thin, the different parts can be felt with surprising clearness.

Third. The fingers of the right or left hand are spread as much as possible, and the presenting part is seized between thumb and middle-finger. If it is round

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and hard it can only be the head, which can be grasped like a cannon ball and moved if above the pelvic brim. The breech is softer, and its surface more irregular. Can no presenting part be felt, then we must look for the head on either side. If the outlines of the presenting head or breech are indistinct, then we are to be suspicious of placenta previa.

The third method is very valuable in all cases where the presenting part is yet in the entrance of the pelvis; a practiced examiner can also locate, through this alone, where the occiput and where the chin point to.

As labor is more advanced, the fourth step will be: The physician takes his place at the bedside, turning the back toward the patient's face. The hands are placed in such a manner upon the patient's abdomen that the fingers are directed toward the cervix. During the intervals of pain the hands are pressed down deep into the pelvis and the presenting part is grasped. The head is again recognized by its peculiarities.

The presence of small parts in close proximity to the abdominal wall, indicates that the back of the child is directed toward the sacrum. Descent of the fetus is often prevented by abnormalities of the pelvis, in these cases the contraction ring can be felt by abdominal palpation, and thus the danger of a rupture of the uterus by timely means be averted.

Vaccination Aphorisms.—The following from the pen of Dr. W. M. Yandell, appears in the *Texas Sanitarian*:

1. Vaccination, properly performed, is a perfect protection against the infection of small pox.

2. In many cases a single vaccination will afford complete protection for a life-time.

3. Small-pox after a successful re-vaccination, is an exceedingly rare event.

4. The best plan is to vaccinate at intervals of two years until the individual has four good scars.

5. Re-vaccination should be performed after puberty, and always after or preceding a new exposure to the contagion of small-pox.

6. The best time for the first performance of vaccination is in infancy, between the first and fifth months.

7. Fresh humanized lymph is more certain and rapid in its working and is a surer safeguard than is bovine lymph, hence should, if procurable, always be used after known exposure to small pox.

8. The virus for use should be taken from the vehicle on the eighth day; never later.

9. If the child is sickly or has any known eruptions it should be got into good condition before vaccination, unless small pox is prevailing, when there is no age, however early, and no degree of poorliness that should bar out the operation.

10. Entire insusceptibility to the vaccine virus is infrequent, if it ever occurs, and no number of unsuccessful vaccinations prove an insusceptibility to small-pox.

11. Isolation quarantine cleanliness disinfection are valuable as adjuncts, but vaccination is our sheet anchor.

12. Small pox can be wiped out by vaccination just as surely and effectually as you can put out a fire by removing the fuel.

13. Varioloid is small-pox modified by vaccination. (Authorities—"Loomis', Practical Medicine"; "Keating's Cyclopedia of Diseases of children"; Dr. G. G. Craip "Report to Common Council," Rock Island, Ill.).

The facts stated above are not new to the profession, of course; they have been put in concise shape to answer questions asked by non-professional people.

Foreign Bodies in Bladder.—The subject of foreign bodies in cavities of the human body is always replete with interest. In a recent number of the *North American Practitioner* Dr. C. W. Oviatt reports two cases which are curious. In the first, a male of 26, he made a lateral lithotomy and removed a stone weighing 6½ drachms, irregular in outline and easily broken down. The nucleus was a coiled, cylindrical body about ⅛ inch in diameter, which proved to be a piece of "Allan's Medicated Borgies" which had been introduced by the patient one year and eight months previously, during an attack of gonorrhea.

The second case occurred in a young married woman who was being treated for bladder trouble. Tenesmus, hemorrhage, and frequent micturition were present. Upon diligent inquiry the information was elicited that in the attempts resorted to to prevent conception the husband learned that introducing a sponge-tent would have the desired effect. The tent was introduced into the urethra, and upon attempting to withdraw it, the string broke. A physician was called in and he pushed is in the bladder with a catheter. Dilatation of the urethra and the introduction of delicate forceps removed the body.

Eyelids of Japanese.—Dr. J. Komoto contributes an interesting article on the peculiarities of the eyelids in the Japanese (*Sei I Kwei Med. Jour.*), in which he states that the epicanthus, common in white children, is always seen in Japanese subjects, being called the Mongolian fold. This is due to the excess of skin caused by the depression of the bridge of the nose. The transverse diameter of the palpebral fissure is shorter than in the Caucasian. As the fold runs obliquely inward and downward the inner canthus is sharp and the lids appear slanting. The skin of the upper lid is loose and inserted in such a manner that the cartilage alone is drawn up, leaving a fold of skin at the margin of the lid, when the latter is raised. This is called *hitokawame*. In the Japanese the cilia are short and straight, and the upper lid not infrequently presses upon those of the lower lid producing pseudo-trichiasis. Another peculiarity is the fact that the vertical diameter of the palpebral fissure is smaller in Mongolians. Moreover, the margin of the lower lid touches the cornea or slightly overlaps it. Entropion

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of the lower lid is common in Japanese children and not so in Europeans. So far as diseases of the lids are concerned the following, which are uncommon in Europeans, are frequently met in the Japanese: Epicanthus, false ptosis of the upper lid, pseudo-trichiasis, and entropion of the lower lid.

Meat from Cattle with Actinomycosis.—The result of a special investigation made by Dr. Simon J. J. Harger and Dr. Robert Formad of the University Veterinary School was recently presented at a meeting of the Philadelphia Society of Veterinary Medicine. The investigation was on the subject of actinomycosis, or lump jaw, common in cattle, which has been declared to render the meat of the afflicted cattle unfit for food.

The investigators find, first, that the disease is a local one, being rarely found outside of the head and neck; and, second, that there is no case on record where the disease has been transmitted to a man from eating the diseased meat. The disease comes from a vegetable fungus, found in many plants, but especially in the husk of barley, and the germ probably finds a lodgment in the jaw of the animal through a broken tooth or a slight cut in the gums. The conclusion at which Drs. Harger and Formad arrived is that where the lungs, liver and other organs are found not to be affected, it is probably safe to use the meat, the head and neck having been removed from the carcass; and they see no reason why such meat should not be sold after proper inspection. These conclusions agree substantially with those of Drs. Cruikshank, of London, Nocard, of Paris, and Ivanov of Moscow, who are recognized as the chief authorities in Europe, where meat from cattle affected with lump jaw only in the head is invariably sold.

Local Treatment of Epididymitis.—Dr. Wm. S. Gottheil has found rest, salines, and the following local treatment very successful (*Int. Jour. of Surg.*): From the very beginning of the inflammation the scrotal skin over the entire affected testicle, as well as the skin covering the spermatic cord of that side, and the corresponding hypogastric region of the abdomen, should be thoroughly painted three times daily with a solution of nitrate of silver in water, forty grains to the ounce. It should be allowed to dry on. After two or three applications the skin turns brown and a slight burning and stinging follows the application. The brown color deepens into black, and soon the hardened epidermis begins to crack and scale off. As it peels a red sensitive epidermis is exposed. The painting is persisted in, and a considerable amount of burning and smarting is felt, which lasts perhaps fifteen minutes after the painting. But the patients are usually loud in their praise of the counter-irritant, which markedly relieves the distressing pain and ache which is so prominent a feature of the disease.

Under this simple treatment the pain soon disappears entirely, and then the swollen epididymis begins to lessen in size. Now is the time when it is especially difficult to keep the patient in bed; and now is exactly the time when it is most important to do so. Getting up before the swelling has almost gone, protracts recovery and tends to cause relapses. The longer you can keep the patient in bed, the better will be your result, and the quicker your cure.

Piperazine in Pruritus.—Dr. William S. Disbrow states in *Notes on New Remedies* that he has had opportunity to employ piperazine, the new uric acid solvent, and has noted successful results. Not the least satisfactory effect of the remedy, and one which may be interesting to our readers because it has not been before mentioned, is the relief it affords from itching.

Who is there among the general practitioners who has not seen the muddy-complexioned, dry skinned itcher,—the unfortunate whose urinary excretion is filled with urates, and whose system is poisoned with the toxic elements due to imperfect nitrogenous elimination. This is the sufferer upon whom everything has been tried; he is afflicted with a permanent trouble which wants a name. It is not urticaria,—that is too definite: it is rather one of those indefinite symptoms which we are pleased to call pruritus.

Why do the gouty or rheumatic patients complain of this same symptom? You ask them where they itch. They show you, and you find no evidence of local irritation—they simply itch! What is the cause, if not the poisoned, sensitive dermal nerves, irritated beyond tolerance by the nitrogenous compounds with which these patients are saturated.

Protective for Polished Metal.—We have not tried this preparation, but should judge from its composition that it ought to form a good protective for polished metal. Every physician has articles which he desires to protect from the effects of air, moisture, dust, etc., and this varnish is said to accomplish this purpose. As given by the *Western Druggist* its composition is as follows:

Resin,	parts, 35.
Talc, in powder,	parts, 500.
Lard.	parts, 250.
Yellow wax,	parts, 130.
Olive oil,	parts, 130.
Oil of turpentine,	parts, 130.

Mix the resin, lard, wax, and oil, and melt at a low temperature. When melted, stir in the talc, and, after removing from the fire, add the turpentine, with constant stirring.

Glycerin in Burns.—The application of glycerin to a burn promptly relieves the pain, and favors the healing process. It at first produces a slight smarting, which soon passes off, and is succeeded by an almost entire freedom from pain. The sooner the application is made after the burn has been received, the more noticeable are the results.

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A Double-Headed Monstrosity.

Editor Medical Review.—I was summoned to Mrs. R., who was in the second stage of labor, and doubtless had been in this stage for the past 24 hours, as the mid wife who was in attendance told me that the "bag of waters" had ruptured the day previous. On examination I found the head presenting outside of the uterus, and in a stationary position as if interlocked by something behind. I gave 40 drops of normal liq. ergot, and waited for results, but finding none except slight and short contractions of the uterus that were wholly unsatisfactory, I proceeded to examine by external paltion, and to my surprise I found that there was a second head behind. After informing the anxious husband of my new discovery and the improbable results that might follow, I carbolized my hands with carbolic acid and vaseline (1-16), and proceeded to push the presenting head up until I could reach the mass above, which I discovered to my entire satisfaction to be a head tightly pressed down upon the symphysis pubis. While my left hand was thus engaged in pushing up the presenting head, I used my right hand in manipulating externally with head No. 2, and succeeded in pushing the occiput to the center of the pelvis, when it at once engaged in the brim, the long diameter of the head occupying the right oblique diameter of the pelvis. Pains set up and gradually grew stronger, continuing for several hours, when I discovered that the patient's pulse was growing quite weak and tremulous, which warned me that I had no time to lose waiting for nature.

After administering one-quarter of a grain of morphia with one sixty-fourth of a grain of atropia hypo dermically, I prepared my forceps and proceeded by locking them on head No. 1, and in twenty minutes a double-headed monster of the male sex greeted me with loud cries. These cries, were soon changed, however, into groans and grunts, which continued fourteen hours, when, to the relief of the much grieved parents, it died. The child, with the exception of the two heads, was well formed and very large, weighing 12½ lbs., naked. The extra head was attached to the back of the neck of the body of the child, and had a longer neck and was larger in circumference than the other head. The face of head No. 1 was not as well developed as that of No. 2. The mouth, nose and eyes were not more than one-half the natural size. The ears were larger in proportion than any of the facial organs. The hair was more abundant than on head No. 2.

The facial organs of head No. 2 were all well developed, and it was through these that it breathed and cried. This was my first experience with a double-headed monstrosity and hope it will be my last.

Just here let me say the mother made a first-class recovery and she is now pregnant again, and her only dread is another double headed child. By the way, she attributes, as a cause of her baby having two heads, her becoming frightened, while pregnant, at a hunter who passed through her back yard with an opossum attached to a long stick of wood carrying it on his shoulder. So much for the theory of maternal impressions.

While this lady is of medium intelligence, yet I can not accept this as a cause of the deformity. It may, however, serve as food for the more enthusiastic advocates of the theory of "maternal impression," provided this case can be classed under that head.

The only points of special interest are, first, the rarity of meeting such a case in general practice; and, second, that the child should have survived through such a long and tedious labor and lived fourteen hours. I may add, that but for the great distress of the mother at having a deformed child, and the carelessness of the midwife, the child might be living yet.

I am highly pleased with the Weekly Medical Review thus far, and think it is *the* journal for the busy practitioner.

Respectfully,

B. C. Keister, M.D.

South Boston, Va.

The Roman Hospitals.

Editor Review.—In a late issue of a leading medical journal (*Gaillard's*) for January, 1892, there appears a criticism from a correspondent on the hospitals in Rome, which, in many respects, is so erroneous and evidently prejudiced that as a matter of simple justice to our Italian brethren, who always treat Americans well when they visit them, that I do not think it fair to let it pass without comment or reproof. It does not appear clear, however, who this correspondent is, whether medical or lay man.

To begin with, Rome has practically, no modern hospitals. Until recently, since the unification of Italy, she had no use for them; as, up to that time it was the Pope's Capitol and was the great center of universities, convents and monasteries; each of these providing for its own invalids. But with the secularization of the city its transformance into the capital of the kingdom, the introduction of commerce and manufactures, its population suddenly became more cosmopolitan and plebeian; hence the necessity of providing institutions for the infirm, destitute and sick. With this end in view many of the monastic houses and seminaries were converted into hospitals. These buildings are of great antiquity, having been constructed, many of them, centuries before the modern hospital was thought of; but they are all situated on fine sites in the city of the "Seven Hills," being well lighted, ventilated and drained. And as for water supply, Rome leads the world; the ice-cold torrents of the Apenines flowing in there in a ceaseless stream.

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The nursing is done by the lay and religeuse. The wards, which were formerly lecture-rooms, reception-halls and dormitories are neat, orderly and well managed. As to Rome's inhumanity to the idcurables, this is unfounded and malicious; for if one had any doubt about it he had but to visit the hospital of the Lateran—*Ospedale in Laterano*—an establishment for incurables. There one will find nearly a thousand consumptives with a few lepers.

For discipline and general good management, for humanity and gentle attention to poor inmates, who have come here to end their days, I have never seen anything excel it.

The correspondent seems to be particularly severe on what he designates the "San Giacomo" in the Corsa. This hospital is a mythe. Certainly there is in the Via Corsa near the piazza de popoli the San Giovanni—St. James's Hospital. This hospital is the one in which I met the talented Dr. Rapphael Bostianelli, a young gentleman on the dispensary and house staff, who had studied in New York, Philadelphia, London and Paris; one of the most competent young surgeons in Europe.

This hospital is for surgical cases mostly, and is one of the best managed that I saw anywhere. As to the charge of poverty, the *Lancet* man need not go outside of London to find poverty-stricken hospitals; to find infirmaries with large wards deserted and hundreds of empty beds; because they have no money to support them. Poverty is not peculiar to Roman hospitals; for with the exception of the French and Prussian-German hospitals one will find at every turn in all those great European city hospitals, poor and defective diet, scanty surgical dressings, coarse, old, patched bed-clothing and rickety, antiquated furniture.

As to the forthcoming Medical Congress no one need have auy anxiety about its success; or the facilities in that historic city to make the meeting one of the most profitable, enjoyable and successful in medical history.

New York. DR. THOMAS H. MANLEY.

New England Letter.

Editor REVIEW.—Within a few years some startling facts prove that tuberculosis is transmitted through milk with as much certainty as typhoid fever germs. In Massachusetts, Rhode Island, and Connecticut several distinct instances has been pointed out, where the milk of tuberculous cows have infected and caused the death of a large number of persons. In all these cases the real disease of the cows was not suspected, and as long as they gave milk which was not suspicious in appearance it was sold. Children and persons with tuberculous tendencies suddenly became infected, and died from what was termed acute or galloping consumption. Recently two chemical experts of the Boston School of Technology, made a careful study of many hundred specimens of milk sold in all parts of Boston to determine the bacteria and other poisonous germs. Not one specimen was free. All of them were loaded with the most poisonous bacterial germs which came from the unclean air of the stables; from the dirt on the udder and body of the cow; and the filth of the hands and clothes of the milker. The vessels into which the milk was drawn were generally wide mouthed and exposed to the pollution of the air. The milk from this time under the best circumstances was exposed to many and various polluted atmospheres from each of which a fresh infection of bacteria germs was received. In a high temperature, or a temperature which varied widely the growth of the germs was enormously stimulated. In fifty-seven samples, taken from milk wagons, the number of bacteria to a cubic centimeter or small thimbleful was from seven huudred thousand to over four million. The adulteration of water was not found dangerous but rather beneficial. The conclusions from these very startling facts were, that the pollution of the milk supply was more dangerous than that of water. That disease and poisonous germs of tuberculosis, scarlet fever, typhoid fever and many other infectious diseases were more positively and rapidly distributed through this source than any other. The next great advance in sanitary science will be the regulation and control of the milk supply. One that will go back to the dairy and force conditions of cleanliness and purity here, rather than the senseless hunting of adulterations from water or chalk. The epidemic influenza still continues as violent as ever with apparent increased mortality. Anti-malarious treatment is the most satisfactory, and the almost endless complications and associate diseases are puzzling themes for the practitioner. The country medical man has no snow-blocked roads to travel so far this year, and is especially favored with increased business, and better roads to pass over. In some parts of New England the roads are filled with snow and very difficult to travel for two or three months during the year. The physician must necessarily board and lodge with his patients while out on his regular rounds. Some of these physicians become very able men practically and scientifically, and are able to treat both medical and surgical cases with the skill almost of specialists. Necessity makes them self reliant and thoughtful, and forces them to reason and act from the conditions and circumstances of the case. A few years ago a very bold and transparent swindling insurance company was started in Boston, managed by a very clear brained woman. She was very successful in making dupes and procuring a large amount of money. She was finally arrested and sent to prison. A year later she was pardoned and soon after drifted into an insane asylum where she died recently of general paresis. This swindling was only a symptom of the paralysis that was coming on, and was not recognized at the time. There can be no doubt that some of the bold crimes are of this same nature. T. D. C.

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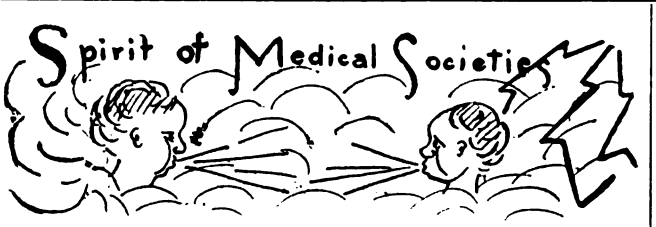

Chronic Sprains of Finger-Joints.—Dr. Robert W. Lovett in a paper read before the Boston Society for Medical Improvement (*Boston Med. and Surg. Jour.*) gave his treatment of this troublesome affection as follows:

In general the tin finger-splint has been used and the affected joint freely painted with iodine during the time of its immobility. In private practice it has been more comfortable to apply the copper-wire splint, which is done by winding the finger in sheet wadding and then winding a spiral of thin copper wire about it with one or two lengths running from the tip to the base of the finger. This gives complete and comfortable immobility, but requires constant adjustment and is liable to interfere with the circulation. After the finger has been immobilized for such a time as seems best according to the severity of the case, the use of hot-water soaking is begun along with massage every second day. Gradually the splint is discontinued without much regard to the pain caused, and the patient encouraged to use the finger.

Two points have appeared to the writer to be established: One is that simple fixation, however prolonged, is not enough to cure the affection, and secondly, experience in the more severe cases has shown that the immediate use of massage is not tolerated. Consequently a period of immobilization must be insisted upon which at the time seems to be accomplishing very little, but which probably is an essential part of the treatment. And at the close of this period of fixation there is often but little improvement to be noted, and pain on movement seems perhaps as severe as in the first place. But this must be disregarded and massage begun.

Salicylate of soda three times a day, or oftener, in ten grain doses, has formed part of the writer's treatment, because in some cases there was evidently a rheumatic element, and because in the majority of cases it was found to control the pain and seemed to hasten the convalescence. The general condition often needs attention.

Action of Certain Remedies in Influenza.—In a very exhaustive paper on nervous and mental phenomena and sequelæ of influenza, read before the Philadelphia County Medical Society, Dr. Charles K. Mills said that the use in influenza of hypnotics, narcotics, sedatives and motor depressants is a question of particular interest in connection with the study of the nervous and mental phenomena of the disorder. The views of practitioners and writers are here decidedly at variance. Serious mental and nervous complications or actual insanities occurring during influenza have been attributed to the too free use of such chemically powerful remedies, as phenacetin, antipyrin, antifebrin, chloral, bromides, sulfonal and paraldehyde; and and older narcotics such as opium, hyoscyamus, conium and cannabis Indica, have also come in for a share of the blame. Persisting conditions of nervous prostration, and chronic respiratory and cardiac neuroses, have also been charged to drugs. Undoubtedly such criticisms have some foundation, but it remains true that each of the remedies named has proved itself of some value in the treatment of influenza, and particularly of its nervous types. The enormous consumption of a drug like antipyrin is a practical argument both for and against its use. What Grasset has said of this remedy might with almost equal truth be said of almost any of the rest. "This agent," he says, "vaunted by some as a panacea against all manifestations of the disease, is considered by others a remedy absurd and irrational in all cases. The truth would seem to reside between these two extreme opinions."

Nephro-Lithotomy.—Mr. Myles read an interesting paper before the Section on Surgery of the Royal Academy of Medicicine in Ireland (Dublin *Jour. Med. Sci.*), on nephro-lithotomy, giving a short account of a case in which he had removed by lumbar operation a large oxalate of lime calculus, weighing 281 grains, from the kidney of a young man in Jervis-street Hospital. The patient made an uninterrupted recovery, and was shown at a previous meeting of the Section.

Mr. Myles then entered into the consideration of the combined method so strongly advocated by Mr. Thornton, and pointed out that Mr. Thornton's contention that an abdominal incision converted doubt into certainty of diagnosis was by no means true, inasmuch as even in a typical case the hand in the abdomen might fail to find a stone in the kidney; and that being so in a typical case, how much more likely was it to occur in case of old standing inflammation with much thickening and matting of the tissues.

Again, the hand in the abdomen would often fail to find a stone, which could, perhaps, be easily struck by an exploring needle or by a sound in the pelvis.

Mr. Myles also discussed the several methods of removing a stone from the kidney when it was discovered that by incision through the pelvis of the ureter, and that by incision through the kidney substance, pointing out that probably the danger of a permanent fistula in the one case and of shock and hemorahage in the other, were both exaggerated.

The speaker further expressed himself very strongly on the loose and unscientific way in which writers, even accomplished anatomists like Mr. Treves, use anatomical terms in connection with the kidney—at one moment describing the pelvis, correctly enough, as being part of the ureter, and then describing themselves as cutting through the "pelvis of the kidneys." Such looseness of language was most misleading.

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Gout of Penis.—A case of this severe affection was described to the Clinical Society of London by Sir Dyce Duckworth (*Brit. Med. Jour.*) who stated that the patient was occasionally subject to attacks of articular gout, and inherited the disease from his father. Five days before admission he was awakened by sudden pain in the right wrist and right toe joint. The following day he awoke with pain in and firm erection of, the penis. This continued up to the time of admission. Three days later the thoracic and abdominal organs were found healthy. The urine was acid, the specific gravity 1022 and void of albumen. The penis was erect and tense, distressingly painful and turgid. No points of hardness were found in its course. The testes were natural. There was no pain or swelling in the perineum. The temperature varied from 99° to 102°. Aperients and salines with colchicum were administered and a light diet. The priapism persisted steadily, uninfluenced by internal treatment, by sedative suppositories, or lead or opium lotion. A cage had to be placed over the abdomen to prevent impact of the bedclothes. Micturition was painful, and a soft catheter had to be passed. From time to time fresh articular attacks of gout occurred in various joints with slight rises of temperature. Priapism persisted for twenty-one days without intermission, and gradually subsided with general amendment of all the symptoms. The noteworthy points in the case were, first the gouty inheritance; secondly, enforced sedentary habits, with exposure to lead impregnation and the habitual drinking of beer. While acute gouty inflammation was shown to be not infrequent in the bladder, prostate gland and testes, gout of the body of the penis in this acute form was practically unknown, and the author had never heard of a similar case.

Tuberculous Ulcer of Tongue.—At a meeting of the Pathological Society of London (*Brit. Med. Jour.*), Mr. Charles A. Morton showed a specimen of tuberculous ulcer of the tongue, from a man aged 55, under the care of Mr. Penny in the Bristol General Hospital. The ulcer was at the tip of the tongue. Several minute ulcers had formed and coalesced. There was less induration than in an epithelioma. Microscopic sections showed the tissue infiltrated with small round and giant cells containing numerous tubercle bacilli. The tuberculous growth extended quite half an inch below the ulcer. The submaxillary glands were caseous. There was advanced pulmonary and laryngeal phthisis, also tubercle of one epididymis. Mr. Morton did not think the phthisis could have been produced by the inspired air passing over moist tuberculous discharge, but more probably by inoculation of an abrasion on the tongue from his rough teeth, by bacillary sputum, or that the ulceration on the back of the arytenoids had been caused by swallowing the discharge from the ulcer, and that the disease had then spread into the larynx and lungs. Mr. Morton also showed a specimen of tuberculous ulcer of the tongue excised by Mr. Monro Smith in the British Royal Infirmary, which he had examined microscopically, and found to have the same appearance as in Mr. Penny's case, except that instead of there being as many as a dozen bacilli in a single giant cell, he only found three in ten sections, each one in the center of a giant cell. There were signs of phthisis at one apex. The submaxillary glands were slightly enlarged. This ulcer was also close to the tip, between it and the floor of the mouth, and a small one existed by its side. The man was 34, and the ulcer was of six months' duration.

Chancre of Forehead.—At a meeting of the Seciete des Sciences Medicales of Lyons, M. Pauly exhibited a patient who had a chancre of the forehead of the size of the palm of the hand. The patient, who was 48 years old, had been struck by a board which produced a wound of the forehead on which the chancre developed. At the time he was presented he showed a secondary eruption, besides mucous patches of the mouth, of the penis, and alopecia. In addition to this a lesion as large as a silver quarter dollar, and indurated, existed on the right malar eminence. It would be interesting to know how the syphilitic infection occurred.

Fibro-Sarcomatosis of the Skin.—At a meeting of the Berlin Surgeons, Langenbuch reported that he observed a patient who, in the course of a few months had about 80 fibro-sarcomata distributed over the body (*Deut. Med. Zeit.*). An energetic internal treatment of iodine and arsenic produced a marked decrease in size of the tumors. Suddenly the patient was attacked by an erysipelas which progressed over his entire body with the result that inside of five days the sarcomata had disappeared and the skin was entirely normal. After the lapse of a year a relapse has shown itself in the form of a tumor on the neck of the size of a plum.

The Specific Microbe of Chancroid.—Dr. R. Krefting details (*Nordisk Medicinskt Arkiv*) his inoculation experiments which he carried through seven and eight generations the pustules being protected with sterilized watch-glasses. The pus was examined every two or three days. The examination of considerably more than 100 pustules demonstrated the constant presence of a bacillus which is short and thick and having rounded ends, as described by Ducrey. These bacilli seem to have a predilection for cells and occur in groups of 5 or 6 in the nuclei and by twos in the protoplasm. In cases where the inoculation was rapid and active the bacilli occurred in greater numbers than when the pus for inoculation was obtained from old chancroids. In non-chancroidal bubo this bacillus is absent. As to the chancroidal bubo the author cannot speak not having yet had an opportunity of observing any for the purpose of examining the pus.

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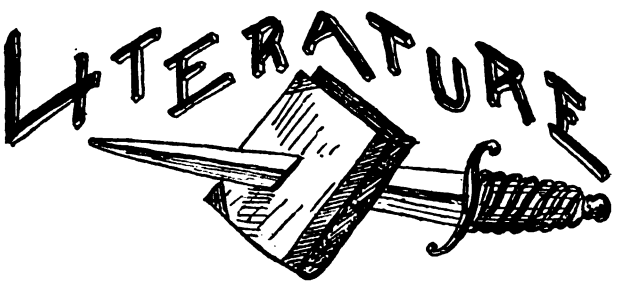

The Supreme Passions of Man; or, The Origin, Causes, and Tendencies of the Passions of the Flesh. By PAUL PAQUIN, M.D. [Battle Creek, Mich.: Little Blue Book Co. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price 50 cts.

This opuscule is No. 1 of the series of Blue Books for the Millions and is one in which the author has displayed much thought and upon which he has bestowed more than ordinary care. He considers the laws of nature under which passions arise and the methods by which they may be ruled. He exposes the views of modern society in language which is by no means uncertain; and while he is sometimes somewhat carried away by his earnest endeavor and may appear severe, he tells the truth in a vigorous and impressive style. The body is, according to Dr. Paquin, not a unit but a multiple living cellular organization. The character of the food influences the growth and distribution of these cells, and the passions of the flesh are mostly the outgrowth of natural appetites, and are intensified in various degrees by extravagant animal and other rich diets, and gormandizing. The intense passions thus generated and nurtured result in the most heinous practices of lascivious beings. The proper diet, according to the author, which should be observed has already been published in the REVIEW.

This little book is not only interesting but contains much food for thought. It is one which will more than amply repay careful perusal and which to many will throw a flood of light upon hitherto unexplained problems and conditions.

The Chinese—Their Present and Future; Medical, Political, and Social. By ROBERT COLTMAN, Jr., M.D. 8vo., pp. 220. Illustrated with fifteen photo-engravings. [Philadelphia and London: F. A. Davis. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $1.75.

China has always had a charm for Westerners and the interest in the Celestials far from having decreased seems to be augmenting, especially in this country which appears to have been selected by the "almond-eyed heathen" as a financial Mecca wherein he may amass money to send back to his native country. The author of the present work has fitted himself to write intelligently upon his chosen subject. Attached to a number of hospitals and dispensaries he has had ample opportunity to observe the medical aspect of the Chinese; and, at the same time, the political and social features of these people presented themselves to him in all their various phases.

Dr. Coltman speaks of his experiences in North China only and his descriptions only apply to the people living north of Shanghai. He states that the most prevalent vice which he observed was opium-smoking, although gambling and other habits of dissipation exist to a greater or lesser extent. The most prevalent diseases are such as affect the alimentary tract and eye troubles. Renal troubles are also frequent. Skin diseases are abundant and syphilis is far from infrequent. Erysipelas is rare and enteric fever infrequent. Cholera appears in epidemics and is then frightfully fatal. Leprosy, of course, is common and the author states that it cannot be contagious as is supposed by many or it would assume a terrible prevalence in China where lepers are permitted to go about free.

We will not further mention the subjects discussed in this excellent book. The style of the author is very interesting and taking and much information is given in an entertaining manner. The political situation is very intelligently handled in its various bearings. The photo-engravings are handsome and well-executed, the book in general being gotten up in a very artistic manner. We can heartily commend this work not only to physicians but to intelligent lay readers who are desirous of obtaining reliable information concerning China more especially as regards its Northern portion.

Consumption: How to Prevent it and how to Live with it—Its Nature, its Causes, its Prevention, and the Mode of Life, Climate, Exercise, Clothing Necessary for its Cure. By N. S. DAVIS, Jr., A.M., M.D. 12mo., pp. 143. [Philadelphia and London: F. A. Davis. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price 75 cts.

The author states in his preface that he entertains great hopes from the application of Koch's lymph. It is fortunate for him that he wrote this little work before the height of the tuberculin excitement, for it has enabled him to present us with a carefully considered little work which will prove of actual value to those who read it. He is very thorough in his discussion of the subject, so far as the limitations of space will permit him and the practical hints which he gives are of real worth and value. His directions are given in such a manner as to make life enjoyable to a consumptive patient and not a burden as is too frequently the case.

The Weekly Medical Review Visiting List.—This Visiting List is among the best issued. It contains an exact posological table, obstetrical calendar, table of poisons and antidotes, etc., in addition to the blank pages. These latter are so arranged that a physician may begin his record of business at any time, the arrangement being on the well known perpetual plan. Published by J. H. Chambers & Co., St. Louis, at the extremely low price of 75 cents.—*Country Doctor.*

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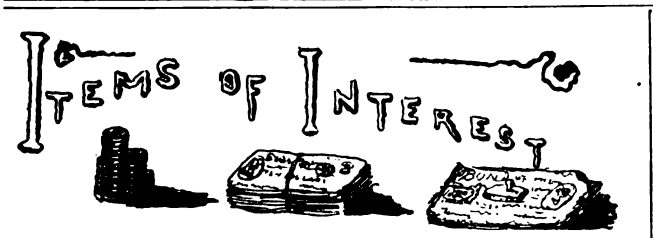

The Toledo Medical Compend is out in a new cover.

Dr. Cherefeddin effendi has been ordered by the Sultan of Turkey to write a history of medicine in the Ottoman Empire.

The Russian Students, of Paris, have a flourishing society. Not long since they gave their annual ball which was a pronounced success.

Chilblains were treated by Xenocrates in a curious manner. He advised frictions with human spermatic juice which had been ejaculated in the vagina.

The Use of Cocaine and of Sulfonal has been interdicted throughout the Ottoman Empire an Imperial irade having been promulgated to that effect.

Opium is frequently prescribed and it is sometimes desirable for the patient to be ignorant of the remedy which is ordered. This can generally be accomplished by using another name for the narcotic which is unfamiliar to most persons—thebaicum.

An Antiseptic Soap—A French scientific journal records that M. Vigier has discovered that dried sulphate of copper in soap has valuable antiseptic and healing properties, almost entirely neutralizing by its use the ordinary dangers of physicians and nurses so for as infection from patients, dressings, etc. is concerned.

Failure of an Ostrich's Digestion.—The death of a well known ostrich belonging to a circus is reported from Cincinnati as having been due to influenza, says an exchange. At the post-mortem a diamond pin, of the value of $800, was found pinned in his stomach. The pin had been picked last summer from a gentleman's shirt front in Montreal.

Dismissed in Disgrace.—A Texas medical student attending lectures at one of the Louisville Medical colleges was recently expelled. His offense was a grave one, he having received $135 from his fellow students for the purpose of taking the dead body of a chum and room-mate to his home in Texas, and subsequently appropriating the same amount of money refunded by the brother of the dead man. The check was traced and $130 found upon the delinquent's person. The money is to be paid back to the students who contributed, and the culprit will be prosecuted.

Heroic Dentistry.—There is room, apparently, for a few dentists at Kulu (India). A correspondent of a daily paper, says that the surgeon-dentists there, are the village blacksmiths, and their forceps are two feet long. The difficulty with these instruments is twofold, firstly to get them into the sufferer's mouth, and, secondly, to get them out again.

He Keeps His Mouth Shut Now.—One of our exchanges informs us that a boy in North Bergen, N. Y., stood watching his father shingle the roof. A nail dropped from above was swallowed by the open-mouthed lad. Dr. Craig, of Churchville, and others cut into the boy's bronchus in vain. Two years thereafter he coughed up the nail. The story is tall but it goes.

A Dangerous Birthmark.—A well-known family of Minneapolis is distinguished by a singular birthmark, said to have been borne by every member of the family for the past 200 years (*Toledo Med. Compend*). However, this may be, it is certain that that the mark is carried by all of them now known. It is a small gash like a knife wound at the base of the neck, narrowly escaping the spinal cord.

This cut, which resembles a fresh stab with raw lips, refuses to be healed, and at times bleeds profusely and even alarmingly. It is about three inches in length, and varies in depth from a quarter of an inch to an inch and a half, increasing as the bearer grows older, and becoming more angry and occasioning greater loss of blood.

This peculiar birthmark has been the cause of death of nearly all of the family possessing it, as after the age of 35 or 40 it assumes an exceedingly malignant nature, discharging pus and blood until mortification ensues.

In the children it seldom amounts to more than a very deep scratch, causing but slight pains, but readily inflamed by fever or other illness.

There is attached to this peculiarity a romantic story of ancestor's cowardly blow at a brother, and supposed to perpetuate its memory in this way. But physicians pronounce it to be of a cancerous nature, hereditary and remarkable in the history of medicine.

Regulating Embalming.—The *North American Practitioner* states that Mr. Hertz, the present efficient head of the Chicago Coroner's office, is putting his predecessors to blush and setting an example to those who may follow him by his ceaseless activity.

It having been demonstrated to him that embalming of bodies in cases of probable foul play is highly injudicious he has issued the following manifesto to all undertakers in Cook county:

Dear Sir: In the absence of any statutory regulation in regard to the embalming of dead bodies, the undersigned Coroner of Cook County has concluded to address the following request to all undertakers within his jurisdiction:

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Undertakers should never embalm or inject—either through the arteries or into the cavities—any dead body left in their charge, until they have in personal posession a burial permit from the City Health Department, or permission from the Coroner, in such cases where the cause of death of the body in question has been, is, or may become the subject of an inquest.

This request is made for the following reasons:

1st. Embalming fluids, as a general rule, all contain violent mineral poisons, consequently their injection into dead bodies would forever prevent the demonstration of poisoning with similar poisons before death.

2d. The injection of any embalming fluid into a dead body changes the appearance of the organs greatly, and consequently it is almost useless to attempt to establish the cause of death of embalmed bodies by a post mortem examination.

3d. A physician's or doctor's certificate of death is not sufficient to allow embalming, because the City Health Department is the judge of the validity of a certificate. Physicians, acting in good faith, send in certificates giving such causes of death as of themselves demand a coroner's inquest.

There is no doubt that nearly all undertakers understand the justice of this request and follow the rules indicated, but the matter is of great importance, and in special cases might be of the gravest importancce, as the ends of justice might easily be defeated, if a thor ough post-mortem examination cannot be made. It is the great importance of this matter which has caused me to take this method of calling your attention to what I consider your duty in these premises.

Very respectfully yours, HENRY L. HERTZ,
Coroner of Cook County.

The occasion for this arose recently when the body of a young woman was found in the lake. Poisoning was suspected, but when Dr. Hektoen, the physician to the Coroner's office, proceeded to make the autopsy, he discovered that the body has been embalmed, thus probably defeating the ends of justice.

In this connection it may be remarked that an undertaker recently stoutly maintained that he used no poisons in his embalming fluid, only a "white powder"; some of this was procured and analyzed, when it was found to be pure arsenious acid!

A Legal Decision has lately been given in Paris (*Bull. of Phar.*) by which a physician, who caused the death of a child through the use of phosphorized cod-liver oil, prescribed by him, was finally acquitted. It appeared from the evidence that the oil contained the precise amount of phosphorus (1 to 1,000) ordained by the Codex, and that the preparation had long been given to children with uniformly good results. This was one of those happy terminations of affairs in which neither doctor nor druggist was blamed or put to expense. Yet such a circumstance must necessarily be injurious to a practicing physician, and phosphorized oils will not be so popular as they formerly were.

Calendula, in saturated solution, applied by means of a pad of lint is claimed as an excellent application for "black-eye."

Syrupus or Sirupus?—The last German Pharmacopeia changed the spelling of the word syrupus to sirupus, thus putting an official stamp upon the latter spelling, which had been recommended or used previously by various writers or authorities though not followed by the majority.

Tuberculosis in Buda-Pesth.—Prof. Fodor, of Buda-Pesth, states that that city has the greatest mortality from tuberculosis of any large city in Europe. He states that this mortality amounts annually to 600 in 100,000 inhabitants. The cause is attributed to the great quantity of dust arising from defective pavements.

Keeping it Up.—Our esteemed contemporary the *Journal* of the State Medical Society of Arkansas says:

THE WEEKLY MEDICAL REVIEW of St. Louis, adopted with the commencement of this year a model somewhat on the "Century Dictionary" style—very short chapters and many of them—containing the very essence of the subjects of which they treat. It is a great improvement, and if the present pace is kept up it will soon reach the top of the ladder on which so many *weakly* and monthly journals are trying to climb.

We are climbing, brother, climbing!

A Newspaper Correct.—Occasionally a newspaper delivers itself of a telling truth regarding the mysteries of medical science and the humbuggery of patented nostrums. Instance the following from the *New York World*:

The worst of it is that the grip has a partner. The notion has gone abroad that the disease succumbs to analgesin, and large numbers of persons are freely buying and using that drug as a remedy for this malady. It is the testimony of physicians, who speak with authority, that the depressant after-effects of analgesin are just now killing more people than the grip.

Sale of Opium in Australasia.—The following is the text of the clause recently passed in Queensland in regard to the sale of opium:

Any person who supplies, or permits to be supplied, any opium to any aboriginal native of Australia, or half-caste of that race, or to any aboriginal native of the Pacific Islands, except for medicinal purposes, proof of which shall be on the defendant, shall for the first offense be liable to a penalty not exceeding ten pounds, nor less than two pounds, and for the second and every subsequent offense to a penalty not exceeding twenty pounds nor less tnan five pounds, and in every case to the payment of the costs of the conviction.

"In St. Louis there is a young lady, an heiress to an immense fortune, who has had a mental trouble since childhood says the *Arkansas Gazette.* A physician in

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that city has guaranteed a cure of the ailment for $50,000. Had the young lady been a resident of Arkansas, she would have been forced to go to the grave with her disordered brain, as none of the profession in this State would have gone so far as to risk incurring the enmity of the State Board as to guarantee a cure". We are afraid that it is the editor of the *Gazette* who is suffering from an intracranial disorder caused by too many anti-State Board draughts. The young lady referred to above is a myth and so is the guaranteeing physician.

The Society for the Protection of Animals from Vivisection, in London, having failed in their efforts to prevent the incorporation of the British Institute of Preventive Medicine, have memorialized the Home Secretary to refuse a vivisection license "next year and in all futnre years." The memorial has 46,315 signatures, among whom are fifty medical men, twenty-six peers, twenty peeresses and fourteen bishops.

Suicide Among Physicians.—The Chicago *Tribune* notes as an interesting fact, not only that physicians headed the list of suicides last year, but that they have headed it every year in the last ten. This promises to be still more conspicuous this year, as in the first twelve days of the present month no less than seven physicians have committed suicide in the United States. There seems to exist no satisfactory solution for this state of affairs.

The Russian Plague.—If we are to believe cablegrams in regard to the destitution and sickness in Russia the condition is a desperate one. The following is a fair sample:

The condition of affairs at Ticomen is now too horrible for language to describe, and no one can tell what the final outcome will be. In the town and its immediate vicinity there are now 14,000 persons who are absolutely destitute and helpless and whom it is impossible for the residents of the place to help. In this dense mass of humanity typhus fever and scarlet fever is making sad ravages. Weakened by their long and painful journey, by their enforceed abstinence from nourishing food and by their utter hopelessness they fall ready victims to the scourge of disease that has broken out among them. It is impossible to render medical aid to the sufferers. However willing they might be, the few doctors in Ticomen are completely powerless to battle against the diseases that are carrying off the peasants in enormous numbers. To be attacked by either of the fevers is almost certain death.

So numerous have the deaths become that there is no pretence of holding a funeral over the bodies. Neither are the last sacraments of the church administered to the dying. So intensely cold is the weather that in a very short time after death the bodies of the victims are frozen stiff. The bodies are thrown into carts and taken to the cemetery, where they are unceremoniously buried in a common pit.

Dr. Jno. H. Rendings, of Cincinnati, died of pneumonia a short time since. He was still in the prime of life. He was well known having served several terms as county coroner.

Hotel-Keepers Must Sell Pure Milk.—By a recent decision of the Supreme Court of Massachusetts, the selling of impure milk by hotel keepers is punishable under the same statute which applies to milk dealers in general.

Lord Sherbrooke (better known by his form name, Mr. Robert Lowe) has given a thousand pound to the University of London, and the Earl of Derby has promised a similar sum. These gifts are to be devoted to establish a prize essay and Granville scholarship respectively.

Have We a Bogus College in our Midst? asks an esteemed contemporary. Heaven forbid! It's bad enough to have gall-stones, and other such ordinary bowel irritants, without introducing a whole college, and a bogus one at that, exclaims another one of our esteemed contemporaries.

Negligence is one of the most prominent attributes of the ignorant practitioner. He who has mastered his profession is always mindful of details, never neglects giving the most careful attention and is thus enabled to secure good results. The neglect of patients is not only inhuman, it is brutal, and every physician guilty of such should be punished and prohibited from practicing any longer.

The New York State Board of Examiners met at Albany on Jan. 15, and seventeen out of twenty-one members composing it were present. Since the new medical law went into effect, Sept. 1, 1891, nineteen persons have applied for licenses to practice medicine in the State, two thirds of whom were graduates of foreign universities. Eight persons have presented themselves for examination, and of these seven passed. The second examination of candidates for license to practice were held in the cities of New York, Albany, Syracuse and Buffalo, on Jan. 26, 27, 28and 29.

University of Michigan.—The first ward of the new hospital of the medical department of the University of Michigan was formally opened Jan. 20, by the Government of the State. An address on "The Hospital: an Element and Exponent of Medical Education," was delivered by Dr. Albert L. Gihon, Medical Director, United States Navy (*Med. News*).

The hospital is provided with modern appliances. The ward just completed contains a clinical amphitheater, consultation rooms, offices and accommodation for eighty patients. It has cost about eighty thousand dollars. The plan provides for three additional wards, the erection of one of which will be begun during the current year.

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Curious Accident.—A writer to the *Lancet* states that when about to examine an infant's chest with his binaural stethoscope, unobserved by him the left ivory ear-piece dropped off. He let the instrument go into the ear in the usual way, and the spring being somewhat strong, the uncovered end pierced his membrana tympani with a fearful crash. He says he will never forget the sensation. For a moment he thought an explosion had taken place, shattering the wall on his left side, and for an instant felt stunned. This was followed by nausea. About a teaspoonful of blood flowed from the ear.

Laboratory of Hygiene, University of Pennsylvania.—It is announced that the laboratory of hygiene of the University of Pennsylvania will be opened for practical work on Feb. 1, 1892. The building contains chemic and bacteriologic laboratories, special rooms for investigations upon air, water, food, soil, clothing, etc., workshops and photo micrographic rooms, and special arrangements for demonstrating the principles and practice of heating and ventilation, house-drainage, etc. The work of the laboratory will be under the charge of the director, Dr. John S. Billings. Dr. A. C. Abbott has been appointed first assistant, and Dr. Albert A. Ghriskey, assistant in bacteriology. A course in practical hygiene and an elementary course in bacteriology, each of eight weeks, have been established.

The Number of Doctors in London.—The London correspondent of the *Medical Record* states that the rapid growth in numbers of the profession is strikingly illustrated by a glance at the new volume of the Medical Directory just issued. This now comprises more than thirty thousand names—nearly two thousand more than in the edition for 1888. This means that there is one doctor to every ten or eleven hundred of the population—a population quite high enough to render the obtaining a decent livelihood by members of the profession a matter of ever increasing difficulty. This number includes the medical ladies, or lady doctors, who are now becoming sufficiently numerous to cease to attract special comment. Several of the medical ladies have married since entering the profession, and the change of name thus made renders it difficult to trace their identity. One lady appears in the body of the work under one name and in the appendix under another name, with a note referring to the former entry—a change probably due to marriage. From a glance at "Churchill's Medical Directory," it is impossible to say whether any lady whose names appears therein is married or single. The editor of "Kelly's London Medical Directory" is more liberal in giving information, and considerately prefixes Miss or Mrs. to the names of some of the lady doctors in his publication. This is in accord with the style of door-plate generally affected by lady doctors, who usually refrain from using the prefix of Doctor.

A Reform in Medical Teaching is taking place in Scotland. The didactic lecture is beginning to give way to the clinical method of instruction, but even this is as yet in a crude state.

Dr. Daniel Ayres, one of the leading physicians of Brooklyn, died recently in his seventy-second year. He was one of the founders of the Long Island College Hospital and its first professor of surgery.

Dr. Frank S. White, who has been appointed Superintendent of the Texas State Lunatic Asylum at Austin, is only 32 years of age—the youngest man, we presume, ever to attain a position of such eminence and responsibility.

Telegrams from Lodz in Russian Poland state that over fifty persons in the villages on the frontier are ill with trichinosis. Up to January 7, seventeen had died. In New Silesia an entire family consisting of eleven persons has succumbed to the disease.

Counterfeit Mummies—Seventeen mummies, recently purchased at a cost of $200,000 by the Berlin museum, have been shown to be of recent manufacture and the handiwork of some wily Arabs of Alexandria. And yet it is said that civilization has not penetrated into the Orient.

Dr. W. A. Manassein, who has been Professor of Special Pathology and Therapeutics in the Military Medical Academy of St. Petersburg, for twenty-five years, took formal leave of his class recently on resigning that appointment in order to devote his whole time to the editorship of the leading Russian medical journal, *Vratch*, of which he is the founder.

The Cause of Shakespeare's Death is a subject agitating a number of British medical men. Some time ago a writer in the *Medical Record*, basing his opinion on the poet's later signatures, states that in his opinion it was due to delirium tremens. This view is upheld by some of our transatlantic confreres, whilst others deny it strenuously. In the meantime Ignatius Donnelly denies that the immortal William ever existed.

The Committee for the revision of the German *Pharmacopeia* is to consist from 1892 to 1894 of fifteen members, exclusive of the President and certain official representatives of the various States of the German Federation, who will be extraordinary members of the Committee. The ordinary members who are to be appointed by the Imperial Chancellor, will consist of two heads of hospital clinics, two general practitioners, two pharmacologists, two chemists, three druggists, and one "pharmacognostician," with two representatives of the manufacturing chemists, and one of veterinary pharmacology.

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Some Contemporaries which reach us place at the head of their original articles "written expressly for —," and yet we find the same matter occur simultaneously in other journals. We know that some articles so dubbed are issued as society proceedings to a large number of journals, and far from being "exclusive" are common property.

Prevention of Adulteration in Russia.—A municipal institute for the analysis of food and drink has been opened in the Hay Market of St. Petersburg. The director of the new institute is Professor Przibytek, of the Military Medical Academy. Rough qualitative analysis of milk, butter, bread, wine, beer, etc., will be made gratuitously for the public; but for more elaborate examinations of these substances, and of water, flesh suspected of trichinosis, preserved meats, etc., payment of a fee will be required.

Five Dollars is the price asked for the following means of "preventing conception," according to one of our exchanges:

"The Ladis Friend."

"Never Catch your breath when thare is eny danger of concepion alwais hold your breath at least one half minute at the time of your Husbans discharge and the conception will return if you will follow this rule I will garntee you not bare and if at eny time you should fail to hold your breath take a cold bath ameadtly after intercourse. M. H. Lewis."

A Handsome Appropriation has been recently made in Sydney, N. S. W., as a contemplated expenditure. We learn that a sum of £25,000 has been placed upon the Estimates for the completion of one of the wings of the new Sydney Hospital. The wooden buildings at present in use are to be demolished forthwith, and all the materials of which the wooden buildings are composed will be destroyed by fire. Pending the completion of the new wing the patients will be removed to the Nightingale wing, designed for the accommodation of the nursing staff, for whom temporary accomodation has been found in some private building in the neighborhood.

A Tribute.—The following graceful tribute is made to a much neglected class of workers by Thomas Opie: There is a dual personality as well as power concerned in all surgical work. The one is the surgeon who skilfully meets and disposes of the crises in the more mechanical part of the work and, therefore, receives the plaudits of the multitude; the other is the influence behind the throne, more potent than the throne itself, which reaches beyond the eye, the touch and the knife. I scarcely need say it is the modest, yet oft-despised laboratory physician who is teaching us the hidden leaven of disease. Let us give him grateful recognition for the pivotal facts and secret springs in recent surgery.

The Medical Society of the State of New York held a very successful meeting, at Albany, on February 2, 3 and 4 last. A large number of interesting papers were read.

A St. Louis Prescription.—The following prescription was handed to a St. Louis druggist not long ago:

℞ 1 Balsampevy.
1 Spt. sweet nider.
1 Camphire.
½ tinct Opin.

uce as.

A New Firm has been formed in New York by the consolidation of two which are well-known to physicians in general. J. Movius and Son and Schulze-Berge and Koechl will be known hereafter under the firm name of Schulze-Berge, Koechl & Movius. They handle antipyrine, iodopyrine, dermatol, benzosol, hypnal, saccharine, lanoline Libreich, etc. This move will, no doubt, lead to a further extension of their already large business.

The Medico-Legal Value of teeth was demonstrated recently as is related in the *Dominion Dental Journal*. It appears that a negro burglar entered a house and perceiving a barrel of apples he bit into one and threw it aside. The marks made by his teeth led to his identity. The stolen article was found upon him; and, while under arrest, he was persuaded to bite into an apple. This was compared with the one found in the house and led to his conviction.

A Shotgun with a Vengeance.—Our readers may remember that some time ago we published the ingredients is a Texas "shotgun" prescription. One of our subscribers in Alabama sends us the following which out-Herods Herod:

℞	Atropia sulphat.,	gr.1/8.
	Potass. iodide,	ʒij.
	Lime iodide,	gr.xx.
	Arsenic iodide,	gr j.
	Sulphur iodide,	gr.xx.
	Tr. cactis grand.,	ʒij.
	Potass. bromid.,	ʒiv.
	Ammon. bromid.,	ʒiv.
	Sodæ bromidi,	ʒiv.
	Tr. Stramonium,	ʒj.
	Tr. belladonna,	ʒj.
	Tr. nucis vom.,	ʒj.
	Tr. cannabis Ind.,	ʒij.
	Tr. pulsatilla.,	ʒj.
	Tr. nicretine,	ʒiv.
	Tr. Rhus tox.,	ʒj.
	Aquæ,	℥ij.
	Syr. q. s,	℥vj.
	M.	

Sig.: Teaspoonful in a wineglassful of water three times a day.

And a homeopath wrote this!

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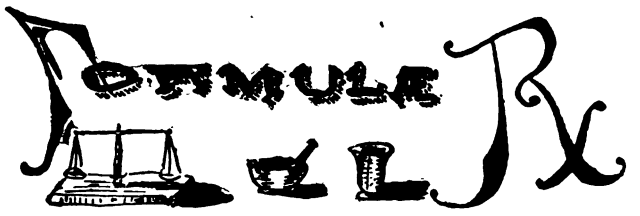

Rachitis.—An exchange gives the following:

℞ Phosphorus, - - - - - gr. j.
Absolute alchol, - - - - - ʒv.
Spirits of peppermint, - - gtt xxx.
Glycerin, - - - - - - ℥ij.

M. Sig.: Six drops of this mixture may be given in water three times a day, and after the lapse of one week another drop may be added.

Alcoholism.—A most efficient preparation which will entirely remove the desire for alcoholic stimulants is the following:

℞ Neurosine,
Fld. ext. humuli,
Alcoholis, - - - - - aa ℥ij.

M.

Sig.: A teaspoonful three times a day.

The efficiency of this treatment has been verified in such a large number of cases that there can no longer exist any doubt upon this point.

For Diphtheria and Croup.—Dr. Gilbert, of Geneva, recommends the following:

℞ Pilocarpin. muriat., - - gr.$^{3}/_{10}$.
Ammon. carbonat., - - - gr.xv.
Kali chlorat., - - - - gr.xlv.
Syr. polygalæ, - - - - ℥j.
Spts. frumenti, - - - ʒivss.
Aquæ, - - - - - - ℥iv.

M.

Sig.: A tablespoonful every hour until sweating is produced.

Typhoid Fever in Children.—Dr. Jules Simon gives the following as an anodyne when there is restlessness:

℞ Chloral hydrat., - - - gr.vijss.
Tinct. musk, - - - - gtt.xx.
Syr. orange flowers, - - ℥ijss.
Water, - - - - - ʒv.

M.

Sig.: A dessertspoonful at regular intervals.

Chloral is preferred to bromide of potassium because it is not so irritating to the s omach.

Acute Catarrh of Throat.—Dr. Andre Martin advises painting the diseased surfaces three times a day with the following:

℞ Crystallized phenic acid,
Camphor, - - - - - aa gr.xv.
Glycerin,
Distilled water, - - - aa ʒjss.

M.

Cough Mixture for Children.—The following is recommended by Dr. J. Carwin:

℞ Tinct. opil camp.,
Spts. amm. aromat., - - aa ʒss.
Syr. pruni virg., - - - ʒj.
Fld. ext. ipecac, - - - - ʒss.
Aquæ menth. vir., - - - q.s. ℥iv.

M.

Sig.: Teaspoonful dose.

Tooth Powder.—Vigier's antiseptic tooth powder has the following composition:

℞ Resorcin, - - - - - - ʒss.
Salol, - - - - - - - ʒj.
Pulv. iridis, - - - - ʒx.
Pulv. calcis carbonat., - - - ʒij.
Carmin No. 40, - - - gr.vjss.
Ess. menthæ pip., - - - - gtt.x.

Misce et ft. pulvis.

For Uterine Cervicitis.—A French writer recommends this:

℞ Lanoline camphor, - - parts, 10.
Ext. belladonnæ, - - - parts, 2.

M.

A cotton tampon is covered with this and introduced in the vagina morning and evening. Spices and beer should be interdicted. Injections containing 6 drops of laudanum are to be given.

Anemia.—For the anemia of a young girl fifteen years of age, Prof. Da Costa prescribed:

℞ Sodii arsenit., - - - - gr.¼.
Ferri sulphat., - - - gr.ij.
Potassi carbonat., - - - gr.ij.

M.

Sig.: One pill three times a day, the dose to be gradually increased.

Profuse Diarrhea.—Broughton recommends the following:

℞ Bismuth. salicylat., - - - ʒijss.
Zinc. sulphocarbolat., - - gr.iij.
Aquæ calcis,
Aquæ destill., - - - - aa ʒxijss.
Tinct. opii benz., - - - ʒv.

M.

Sig.: A teaspoonful every two hours until subsidence of diarrhea.

Intrauterine Injection.—The following intrauterine disinfectant injection is recommended by Grigoriantz:

℞ Hydrarg bichlorid., - - gr.jss.
Acid. carbolic, - - - - ʒv.
Acid. boric, - - - - ʒx.
Acid. salicylic, - - - gr.lxxv.
Zinci chlorid., - - - - ʒijss.
Aquæ destill., - - ℥lxijss.

M.

Sig.: For external use.

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He.—You didn't know I was color blind, did you? She.—I suspected it from the neckties you wear.

Cloudy.—Lady physician—Dear me, I wonder if it is ever going to clear off? A patient sent for me two days ago.

Setting a Broken Neck is a great feat of surgery. Still it doesn't quite come up to putting a head on a man.

Goslin.—Aw, I have a vewy bad headache this mawning, doncher know. Cuspid (a dentist, absent-mindedly): Why don't you have it filled?

Swell Ailments.—Aspirant.—What are the nec essary qualifications for becoming a member of the 400?

McHustler.—Blue blood, gout and dyspepsia.

A Remedy.—Dick Hicks (to dentist): My jaw ached when I came here, but now it has stopped. Molar (grasping forceps): We can soon remedy that.

A Fancy.—Patient.—Doctor, I fancy, somehow, that I've got a touch of the gout. Doctor.—Fancy, my dear sir! If you had, you wouldn't fancy—you'd know.

Takes his Medicine.—Mrs. Bacon: What a sour look Dr. Pill has.

Little Minnie: I guess he takes his own medicine, mamma.

Quirker.—What do you consider the height of irony?

Quiddler.—Giving a treatise on the prevention of gout to a tramp.

Joiner.—I've got a new play with a title that ought to draw well

Spoiler.—What's the title?

Joiner.—"The Dentist."

The Man who sets his foot on a banana peel and batters his anatomy on the stone pavement, will, in seeking to let not the sun go down on his wrath, have to circumnavigate the earth once in about every twenty-four hours.

La Grippe.—"Well, Dennis," said the judge, "so you've had the grip. Heard you had a bad time." "'Tis a terrible disease, sir, sure enough. I thought I would never get over it. Sure I was sick fifteen days after I got well."

You Can't Prove anything about a physician's smoking habits by the number of cigarette cases he has on hand.

Sound.—Browm: How's your baby's health, Newpop? Sound, eh? Newpop: Yes, I sometimes think he's all sound.

Physicians have announced that yellow fever can be carried by a mosquito's bill. The disease has not yet been named that is carried by a doctor's bill, but it is something like paralysis.

Young Student Physician (to charity patient): "I—I think you must have a—a—some kind of fever; but—our class has only got as far as convulsions. I'll come in again in a week."

A Chautauqua dress reformer alleges that "corsets have filled more graves than whiskey." There is this point of agreement between those destructive agents: They both make their victims tight.

Fully Equipped.—"As a doctor, do you keep a waiting room?"

"Yes; in fact, I have two—one in which my patients wait for me, and the other in which I wait for my patients,"

"Aha! I catch you buying a porous plaster, do I? I thought your devotion to fresh air theories would bring you to this."

"It ain't the plaster that does me good," answered the crank. "It is the ventilation through the holes."

Lawyer C. (entering the office of his friend Dr. M., and speaking in a hoarse whisper)—"Fred, I've got such a cold this morning, that I can't speak the truth." Dr. M.—"Well, I'm glad it is nothing that will interfere with your business."

Two Consultations.—Customer: "Is Rubnose's Rheumatic Remedy good for acute rheumatism, the result of a cold?"

Drug Clerk: "I—I don't know. I'll see. (Whispers to proprietor.) "Have we Rubnose's Rheumatic Remedy?"

Proprietor: "No, only Bullfinches."

Clerk (to customer): "No, not half as good as Bullfinche's"

"Lame! lame!" sighed Mrs. Partington. "Here I have been sufferin' the bigamies of death for three mortal weeks. First I was seized with the bleeding phrenology in the hampshire of the brain, which was exceeded by the stoppage of the left ventilator of the heart. This gave me inflammation of the left borax, and now I am sick with the chloroform morbus. There is no blessin' like that of health, particularly when you're ill".

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The Proprietor of a large millinery establishment is often the best ladies' physician.

Medical Professor (to a patient, whose death he has predicted and who stands before him well and strong): "Sir, you are an insult to science."

Physician.—"Cheer up, my dear sir, you will not not have to live on gruel more than a week if you take your medicine properly."

Patient.—"No; I suppose my diet will be changed to angel's food by the end of that time."

Penelope.—"I hear you are engaged to Miss Dingbatts at last."

Reginald.—"Yes; she refused me six times, but I persevered."

Penelope.—"Then you were well shaken before taken."

First Drug Clerk.—I had a queer experience last night. Had just closed up the shop, lain down and gone to sleep, when there was a most violent ringing at the night bell.

Second Drug Clerk.—Ha, ha, ha! After a postage stamp, eh?

First Drug Clerk.—No; he wanted—

Second Drug Clerk.—Ho, ho, ho! Wanted to look into the directory, eh; or maybe wanted to know what street it was?

First Drug Clerk —Nothing of the sort. You might guess all day and not hit it.

Second Drug Clerk —Then what on earth was it?

First Drug Clerk.—He wanted a prescription filled.

Nerve Enough.—He walked into a Chicago newspaper office confidently and took a seat.

"Are you the manager?" he asked briskly.

"What can I do for you?" replied the newspaper man, in a non-committal tone.

"I'm a patent medicine manufacturer. Your paper has a pretty wide circulation, hasn't it?"

"Wide!" The newspaper man swung round in his chair. "Wide! I should say so. We have a circulation greater by two to one than any other paper in the State—a sworn circulation, sir, of 100,000,000 daily, and it's a paid circulation, too, and we reach the families, sir. Our paper is read by 500,000 people every day, and when you consider that our advertising rates are—well, they are so low that we are going to advance'm 50% right after the 1st. I don't exaggerate in the least, sir, when I say that we offer positively the best advertising medium in the United States. Why, you can see for yourself what the results must be from an 'ad placed before 3,500,000 every week and—Where are you going?"

"Oh, round town a little," replied the stranger, putting on his hat. "The article I make is a nerve medicine, and I came in to sell you a bottle, but I see you don't need it."

The Number of Locomotives built during 1891 in the United States in 15 private shops—that is all other than railway shops—is reported by the *Railroad Gazette* to have been 2,300 of which the Baldwin Works built 918. Thirteen works from which statistics for the preceding year were obtained show a falling off for 1891 compared with 1890 of less than 4 per cent. from which it would seem safe to infer that the production of all the private shops was only about 100 less than in 1890. But in the absence of statistics from all the railway companies the entire addition to the number of locomotives in the country during the year is only a matter of conjecture. The railway master mechanic has heard from 97 roads, only a few of which built any engines, the whole number which they report being 425 of which 211 were built by roads in the Pennsylvania railroad company's system. But many of the great roads which certainly did more or less engine building are not heard from.

An Improved Sleeping Car.—According to the *Railway Age* Rev. Montgomery Throop Jr., a Chicago clergyman, has invented what he believes to be a great improvement upon the present type of sleeping car. It is described as follows: Instead of permanently fixed seats, or ordinary parlor car chairs, he says he will have folding chairs capable of being automatically arranged into a variety of positions, to suit every posture that might conduce to ease and comfort. There will also be tete-a-tete and sofa chairs, made in all sizes to suit little children and tall men and women. When night time arrives the reclining, tete-a-tete, and other chairs will be folded up and stowed away in receptacles under the flooring of the car. Then the porter will touch a little catch in the side of the car, and down will slide the panel of the window and form itself into the framework of a double berth. Out from beneath the window the porter will draw a wire mattress that acts on a roller and hook it on to the framework. He will next open a trap door at his feet and draw from its recess a bundle and place it on the mattress. When he unrolls it the bundle will be a nice-looking bed with pillows, clothing, etc., all in their proper places. Above the windows will be an upper row of smaller windows, which during the daytime will be covered by handsome-looking panel work. This will be made to open out and form partitions between the upper tier of berths. Pieces of wood that had been hidden by this paneling will be drawn out, and on the principle of telescopic extension will form themselves into another framework for the upper berth. The mattress and bedclothing will come from the recess under the bottom of the car.

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MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

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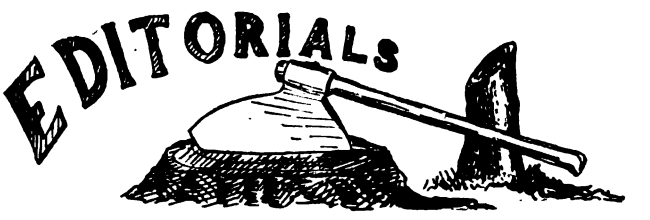

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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The Practice of Medicine.

We are aware of the fact that the following lines will contain nothing new to our readers, but they may perhaps bring some old truths more forcibly to their attention. There was a time in this country, as there has been in every one, when the demand for physicians could not be met by the supply. The facilities for the proper training did not exist and medicine was taught by the general practitioner as best he knew. And it was not such a bad training as some might suppose. It was preeminently clinical and practical. The various phases and aspects of disease were studied upon living examples, the routine of daily practice was acquired by constant contact with it, so that when the student had served his apprenticeship he was prepared to meet the demands which might be made upon him. This process was a slow one, and imperfect in many respects. To supply these deficiencies medical colleges sprang up and a broader field was extended to the student. The combined experience of a number of competent men was placed at his disposal and, as a result of this concentration of forces, he became broader in his views, his knowledge expanded and, on the whole, he became more competent to follow his chosen vocation in a satisfactory and successful manner. He became a reader and a worker. It was the young blood which was infused in the profession and the impetus thus given was far-reaching.

The natural reaction soon set in and ambitious motives soon began to exert their influence. The natural desire for prominence and for the enlargement of territory soon prompted physicians to multiply colleges by organizing themselves into teaching bodies and the increase of these institutions became a steady one. The further course of the affair is known to our readers. An unnatural increase manifested itself until the number of medical colleges in this country is overwhelming. The whole matter has taken on a phase much similar to that which obtains in ordinary business rivalry and colleges there are which have reached the point of bidding for students by means of all the devices which business ingenuity can devise.

The result of this is beginning to be felt. The cry is that there are too many doctors. There are so many that all cannot make a living. It is true that a certain respectable proportion of graduates never practice medicine, die, or are driven to other methods of gaining a livelihood; but, the increment which yearly occurs is out of all proportion to the decrease. This unnatural increase has naturally lead to competitive methods and financial devices to earn a living; and unfortunately, many are of such a character as to reflect anything but credit upon the profession of medicine. This is not the smallest evil. It has lead to a state of affairs of such a character that every one is driven to the necessity of fighting for a bare living. This is why such a cry has arisen for longer terms in colleges, for higher medical education. It is a measure which it is hoped will decrease the number of graduates and thereby give all a fighting chance to earn a living in an honorable manner. The further effort to enforce a high-grade preliminary examination is another move in the same direction.

The problem of the moment, however, is in regard to the *modus vivendi*. And the problem of the future is one which lies in the hands of the profession. Of all the professions that of medicine brings the smallest returns for the outlay necessary to become perfected in it.

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England is overrun with "dispensary doctors" as, in fact, all the British Isles are. In Germany we find the Bezirks-Arzt everywhere. In Italy the same condition prevails. And yet, in these countries long periods of time and rigid preliminary examinations are exacted.

The physicians in certain localities have made futile efforts to establish trusts and they have signally failed in achieving the desired end. There is, in our opinion, but one solution to the problem—show the prospective student the true nature of the profession he is so eager to embrace. Demonstrate the labor, the energy, the time, the study that are necessary make him of average capabilities. Then point out the time, the meagre returns which are wasted on the one hand and realized on the other for the first few years of practice. Next show him what the average successful practitioner does. How much work he is perforce obliged to do for nothing; how he is obliged to obtain what little he does get so long after it has been earned that it seems doubly bitter to be forced to haggle over it like a fish-woman over her wares. How ungrateful the majority of patients are and how pitiless in exacting services they never intend to pay for. How the physician is not supposed to rest, to enjoy even comforts, but must go at all times in all kinds of weather to receive as a reward not even the thanks of the individnal who often owes him his life. Then enumerate the number of men who have become successful in a worldly point of view and, we are certain, that the candidate for medical honors will see his enthusiasm oozing away. The same talents, assiduity, capital, time, and energy in any other profession or in any mercantile pursuit we are certain would bring quicker and larger returns.

In addition to all this, it undoubtedly requires a peculiar adaptation to medicine to become a practitioner. It is not the most learned man who makes the best doctor. The one who is not filled with enthusiasm will not be a success in the full sense of the word and if he be a poor business man, as the majority are, he condemns his family and dependents to a more or less precarious existence and his debtors do not fail, at all times, to impress the fact that they are doing an act of charity to permit their ills to be relieved. It is considered an insult by them to request payment for services and the complaint is always made that the price demanded is so much in excess of the value of the services rendered as to dishearten many a good and true man. That there are grateful and liberal patients does not admit of a doubt; nor that many are willing to pay; but, unfortunately, if the crops have failed, if the wages have ceased there is such a patent inability that demands are useless and all that the physician gains is another item to add to his stock of experience.

The Annals of Surgery we are sorry to state will no longer be published in St. Louis. This journal, undoubtedly one of the best publications on the subject, has been sold to the University of Pennsylvania Press who also publish such well known journals as the *Annals of Hygiene*, the *Annals of Gynecology*, the *University Medical Magazine*, etc. While we feel it a matter of regret that the West is not looked to with that esteem which it should be by the profession of the East, as if nothing good can come out of Nazareth, we think it a matter of congratulation that the *Annals* should have come into the hands which it did. We say this advisedly for if our readers will stop to consider but for a moment all the discouraging circumstances surrounding the editors and publishers at the time of its inception, seven years ago, they will readily appreciate the undaunted courage and liberality which secured the appearance and high standing enjoyed by this publication. Profs. L. S. Pilcher, of Brooklyn, N. Y., and C. B. Keetley, of London, England, have demonstrated their ability as editors, and Mr. J. H. Chambers, of St. Louis, by his energy and large monetary outlay for these many years showed the earnestness of his determination that it should be a success despite the adverse prophecies of the profession at large. Under the new regime, the *Annals* will fall into good hands. Its destinies will be governed by liberal, wealthy, educated, prominent physicians who constitute the most remarkable galaxy of Philadelphia which is already being denominated the medical center of the East. The Association of which they are members will keep up the high standard of the *Annals of Surgery* in every particular and we wish to state that while the REVIEW would have preferred to see the *Annals* remain in the West, it has fallen in such good hands that it heartily wishes it God-speed and hopes that the readers of the REVIEW will cooperate to enlarge its scope of usefulness and do everything in their power to still further its present success. In closing we desire to state that all subscribers to the *Annals of Surgery* for the year 1891 and prior thereto will remit amount of same to the former publisher, Mr. J. H. Chambers, St. Louis, Mo., and for the year 1892 and thereafter to the University of Pennsylvania Press, cor. Chestnut and 16th Streets, Philadelphia.

Annals club subscribers with either the REVIEW or *American Journal of Ophthalmology* will remit, prorate, to the respective publishers of each journal.

Free Dispensary Abuses are thus discussed in the *Hahnemannian Monthly:*

Physicians practicing in large cities are coming to realize the serious injury resulting to the profession through the increase in number, and extending field occupied, by the free dispensaries established in their midst. The original purpose of these organizations, viz., relief of the poor, has been entirely lost sight of, and, at the present time, a large proportion of their vititors are persons who are amply able to pay for medical attention. An ignoble competition exists among them as to which institution can attract the largest number of patients, and those who lay claim to having treated three hundred a day, feel immense superiority over the smaller concerns that prescribe for only one hundred

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and fifty daily. When this ambitious desire to gratuitously treat disease, and furnish free prescriptions for the same, became apparent, it did not take long for the public, as the saying, is, "to catch on," and any one disposed to make an investigation of dispensary work will be convinced that at least one-third of the patients are people in comfortable circumstances, and not infre quently there are some, bearing unmistakable evidence of wealth.

The "Pull" in Medical Societies seems to be of as much importance now-a-days as in politics. We thought that it was confined to a few of its "wild and woolly" representatives only but the following from the *Doctor's Weekly* would seem to indicate that it has struck the "effete" East: We are strongly inclined to the opinion that medical politics have much to do with the conduct and management of the Academy of Medi cine, and that a member without a "pull" stands but a slim chance of recognition in its proceedings. It seems to be run for the exclusive benefit of a favored few who name its officers, fix rules for its government and define its policy. This state of things is deplorable, to say the least, and a change should be brought about by a determinated and concentrated effort on the part of an indifferent and apparently negligent class who seem not to realize the fact that they are in the majority and hold the balance of power. As long as this majority tamely submit to the dictation of a few "bosses" there will be no improvement in the affairs of the Society. We hope to see a change soon, a change that will guarantee equal rights and recognition for each and every member re gardless of age or other condition.

The Gynecologist of to-day has acquired a rather unenviable reputation on account of the *furor operandi* which seems to have seized surgeons in general: Dr. R. J. Nunn believes that this will soon end (*Arch. of Gyn.*). He goes on to state that it goes without saying that the physician is the apostle of conservatism; and it is equally undeniable that in the domain of conservative medicine the medical gynecologist is far in advance of his surgical brother. It is true that both aim to preserve life, but the former also seeks to preserve its functional activity, while the latter, too often forgetful of the existence of such a thing as function, mutilates, extirpates, or amputates important organs with as little compunction as he pares his nails, and often too (with shame be it said) with no other necessity than that of swelling the list of his operations; the pendulum, however, is swinging back, the day of promiscuous, unwarranted, almost criminal cutting, is passing away, and the quiet, unostentatious work of the medical gynecologist is rapidly bringing him into the front rank, nor is the day far distant when the surgical gynecologist will regretfully apologize should he fail to save an organ, where now he boastfully parades the extirpation or destruction of a hundred.

A Bad Sign which is occasionally noticed in the course of a physician's career is when he steps out of his way to say something unkind of a colleague, more especially if the latter be successful. Not long since we read the following in a trade journal: "When one cannot secure business without defaming others, he had better make an assignment," and we fully endorse the sentiment. It either shows a spirit of envy or a malignant disposition. In either case it is a trait of such a character as will eventually ruin its possessor financially and professionally.

Routine is, unfortunately but a too common vice in medical practice, and is a trouble which is directly attributable to the individual. All schools of medicine have observed this, and the following from the *Homeopathic News* is very pertinent:

"I pukes, I purges
And I sweats 'em,
And if they die, verily
I. Letsom."

This doggerel, some wag got off on Dr. Isaac Letsom, a distinguished English physician, who, probably, in the daily rounds of a busy professional life, laid himself open to the charge of routinism. The vice is well illustrated if we but get a peep into the physician's pocket case, where with an outfit of fifty remedies, forty-five of the vials will be found full, with clean corks and labels. There is a very strong proneness in professional life to fall into this vice, especially as we grow older and become busy. We should sedulously guard against it if we would show ourselves to be discriminating, successful practitioners.

Inebriety is one of the important problems of the day. In regard to this subject the *Quarterly Journal of Inebriety* states that the delusion that inebriety would be checked by greater severity of physical punishment has broken out anew. This time a physician who stands at the head of a medical college (and is no doubt an expert), has appeared as defender of this view. His statements are startling, and are sustained by several clergymen, one judge and two police court justices. He is absolutely certain that inebriety will never decrease until the whipping post is established, and the dungeon, and bread and water treatment, with frequent hangings, are adopted. He has not the slightest doubt that all the scientific men who think otherwise are self-deluded, and the measures to treat inebriety as a disease are deceptions. His learned friends of the clerical and legal professions sustain his position. This is alarming news for all the societies for the study of inebriety, and the asylums for its treatment. But practically this is out of the line of evolution, and the upward movement of science. It is a devolution or retrograde, and we fear this bold physician's mental vision resembles the owl who is bewildered by the bright sunlight that has come unexpectedly. The new century of advanced thought only confuses and bewilders. Such men are

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mentally in the thick shadows of the past. They have eyes but they see not, ears but they hear not. Their hoarse cries of alarm will be unheard in the march of events, and soon the oncoming tide of progress will engulf them and their theories forever.

Our Readers are not all subscribers, but they ought to be. We are sure that any physician reading the REVIEW who is not a subscriber will not deny that he is willing to be one, "but he hasn't got the money to spare," etc. We do not want the money he has to spare. We want to make him a present and, we are sure, that if he stops to reflect but for a moment, after reading a number, he will agree with us that the subscription price asked is really out of proportion to the large amount of fresh medical news given for it and actually is the same as making a handsome present to the subscriber.

The Words of Commendation which are being sent to us daily are certainly flattering and encouraging. Our readers are assured by this time that the change inaugurated in the REVIEW is one which we intend to keep up. Moreover, we propose to discuss some of the live issues of the day from time to time and we cannot promise that we will not occasionally tread on someone's corns. The only remedy for this, that we are acquainted with, is to have no corns. What we desire is to see medicine occupy its proper position and it is the work of the profession to do this. Our work is to remind the individual members of this fact.

Marriageable Age of Females.—In an editorial on this subject, the *Med. News* says that the physician is political economist, moralist and philosopher, or at least ought in some degree to be all these. Looking at the question solely from a professional standpoint, the recently published investigations of Koeroesi at Budapest show that mothers permit their daughters to marry earlier than is best. According to his statistics the mortality of children is much greater when born from early marriages, while such of those children as do survive are not strong and healthy. In order that this mortality be reduced to the normal, the mother should be twenty-five years old when commencing to bear children. The young man of twenty is also too young to marry, if the interests of the children be considered. Furthermore, fecundity, *per se*, is not a cause of child-mortality if the parents have married at a suitable age, because while true that this mortality is greater in large than in small families, the chief cause is found in the poverty of the former. Here again it seems that the question of marriage belongs in part to political economy. But in general it may be stated that a woman is wise who delays her marriage until she is twenty-four or twenty-five years of age; at least this is the plain lesson to be learned from Koeroesi's investigations.

Oleomargarine.—Dr. G. C. Caldwell in a recent lecture on this subject (*Med. News*) says: To sum up what appears to me the fair position in regard to oleomargarine: It is a food product, unquestionably; no legislation can rule it out of the food products. Taken into the system it follows the same course as butter does, is changed in the same way, if not perhaps so completely; is taken into the circulation and then serves precisely the same purpose that butter does. When properly made from proper materials it is entirely harmless, except possibly when consumed as freely as butter by persons with weak digestive power.

While it is claimed by manufacturers that a good artificial butter cannot be made if fats are used that are not clean and wholesome at the start, it may not be that this is fully established. But on the other hand, it must be granted that there is no evidence that any community in which artificial butter has been used, even freely and without any official inspection or restriction, has been any the worse for its use in respect to health, either individually or collectively. This being the facts in the case, it is not surprising that many regard as unjust any legislation that prohibits the manufacture or sale of this substance, whether directly or by such ridiculous subterfuges as requiring it to be colored pink or any other abnormal color. The chief motive, nay, almost the only real, hearty motive for this legislation was that of attempting to save from pecuniary damage another industry working along in the same line.

Protecting Residences from Bacteria.—Mr. Frederick Baumann states in the *Building World* that bacteria are at all hours generated in the soil under our very homes; they rise and are inhaled by us the inmates. Among them there may at any time be some of the kind which cause disease, which might or might not grow at the expense of our blood, as circumstances beyond human control would govern. The upward current, which brings them to us, is augmented in winter, as we well know, by the reverse of temperatures. Where human well being and life are considered worth anything, there the architect of the present day should, without fail, pay due attention to such construction of a residence building as would fairly warrant a protection against all ascending air currents ever present under its floors and in its wall. The task is neither difficult nor expensive, as we shall see, and no excuse can effectively be offered on this score.

Common materials most likely to be proof against penetration of microbes are: asphaltum, glass and pitch

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tar. The asphaltum to be had in form of pressed plates. All these materials can be most readily had and employed. Asphaltum or glass, in two layers on proper mortar, to be put in all walls at the level of lowest floor. Asphaltum also to be put against exterior walls terminating below lower water table. Concrete, with level surface, established on the entire ground, to be covered with a coat of pitch tar and tarred felting, which may be repeated once or twice, to be lastly covered with a proper layer of finish concrete. Where wooden floors are required, the finish concrete may contain the required sleepers. When desired, a further protection can be had by spreading a sheet of lead under the furnace stand prior to making the last concrete. Even the entire surface of basement may thus be advantageously covered, where expense is no objection.

These arrangements, carefully executed, are unquestionably calculated to produce the nearest positive impregnability of floor and walls of a house, though we must conceive it as next to impossible to give absolute evidence as to such effect. We must rest our assurances on the degree of impregnability of the substances employed and on the accurate manner of their employment.

Specific for Grippe.—Grippe or influenza has called forth a vast amount of literature. Dr. John D. McGirk states (*Med. and Surg. Rep.*) that he has found that gelsemium alone is an abortive for la grippe in its milder form, when there is little or no fever. A general feeling of malaise, with wandering pains in the head, eyes, and body. What might with propriety be called grippy sensations. Two or three five (5) drop doses of fluid extract gelsemium, repeated at intervals of two hours, will seldom fail to afford complete relief.

The distressing bronchial cough, with a sense of pain and oppression in the lungs and throat, which accompanies so many cases of influenza is soon relieved by mustard plaster on the chest and the following expectorant mixture:

℞	Muriate of ammonia c.p.,	℥iij.
	Morphia sulphate,	gr.iij.
	Spirit of chloroform,	℥j.
	Tr. Scillæ,	℥ij.
	Tyr. Senega,	℥j.
	Sp. rock candy, q. s. ad	℥iv.

M.

Sig.: A teaspoonful in water every two or three hours.

Crime and Climate.—The relations of these two conditions have occupied much attention and seem to have a certain interdependence, if statistics are reliable. Dr. A. Van Hoff Gosweiler in a paper on a physiological view of crime (*Med. Rec.*) says that in a recent scientific study, we discover the close relation of race and climate to murder. Professor Bosco's monograph on homicide shows that, while in eight principal states in Western Europe—Spain excepted—with a population of 128,500,000 people over ten years of age, there are 2,777 annual trials for murder. Italy, with 25,000,000 individuals of like age, has 3,606 such trials. France, Belgium, England, Scotland, Ireland, Austria, Holland, Germany, with six times the population of Italy, only furnish three-fourths as many murders. The statistical tables of Dr. Bosco place the civilized nations of Europe, Scandinavia and Russia excluded, in the following ascending order of homicidal criminality: Holland, England, Germany, Scotland, France, Belgium, Ireland, Austria, Hungary, Spain, and Italy—a scale affording suggestion to the psychologist.

Hippocrates believed that all regions liable to violent changes of climate produced men of fierce and stubborn disposition. Buckle declared that the interruption of work caused by instability of climate leads to instability of character. Quatelet says that the number of crimes against property relatively to the number of crimes against the person increases considerably as we advance toward the north. Another eminent student of French criminal statistics, M. Tarde, confirms the opinion of the latter authority, and admits that high temperature does exercise an indirect influence on the criminal passions. But the most exhaustive investigations in this problem have been recently undertaken in Italy by Signor Ferri, whose criminal statistics of France show that crimes against the person rise with the temperature those against property do the reverse. Clearly, climate has a great influence, but how about India, which is far less homicidal than any European country? India has not half as many homicides annually as England. With this example before us, then, whatever climate has to do with fostering these crimes may be obviated by a better form of social organization. Here racial distinction comes in, and Prof. Ferr's table gives this sequence of races, namely: First, the Teutons; the Franco Celt; the mixture of Slav, Latin, and Teuton in Austria; then the Magyar; lastly the Latin. Latin-American, accordingly, is more homicidal than the Anglo-Saxon North.

Paraphimosis.—In a series of articles on diseases of the urinary apperatus (*N. Y. Med. Jour.*) Dr. John W. S. Gouley states in regard to the above that paraphimosis, an accident of phimosis, occurs from the forcible retraction of a narrow prepuce for the purpose of cleansing the glans, or during coition or masturbation. It is then very difficult or impossible for the patient to bring foward the retracted prepuce, owing to swelling of the glans penis. When paraphimosis has existed several days it is not possible sometimes, even after section of the constricting ring, to replace the foreskin. Ordinarily it is rather an inconvenient and unsightly deformity than a dangerous condition, for the glans penis is very rarely damaged by an irreducible paraphimosis. A portion of the dense ring into which the retracted prepuce is converted finally sloughs and the strangulation ceases, but the adhesions which take place forbid the ultimate reduction of the prepuce.

The reduction of the retracted prepuce in paraphimosis can generally be effected by compressing the glans

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penis and pushing it backward while the prepuce is, as it were, unrolled upon the glans, using for this purpose the thumb and index and middle fingers of each hand. This process is applicable only before the glans penis has become very tumid. When the tumefaction of the glans is such as to forbid reduction by this method, a simple and quick process is to apply elastic compression by means of a bandage, one inch wide, of thin India-rubber, such as dental surgeons use under the name of rubber dam. Compression as made expels the blood from the glans and sufficiently decreases its size to permit of reduction of the retracted prepuce. The last turns of the bandage should be applied to the œdematous prepuce to expel the serum from the meshes of its connective tissue. The bandage is not removed from the glans penis until the reduction is nearly complete. It has been proposed to relieve paraphimosis by placing the patient on his back, grasping the penis with one hand, and striving thus to lift him. This is said to have been practiced on children as well as on adults. The violence of this remedy is such as to make it worse than the discomfort which it is designed to relieve, for the traction incident to the effort of raising the whole body by the penis is so great as to seriously injure the urethra, and possibly also the cavernous bodies.

Colotomy.—Dr. Chas. B. Kelsey gives the following as the indications for colotomy (*Ther. Gaz.*):

1. In all cases of cancer which cannot be completely extirpated, where the disease is liable to produce any degree of obstruction, or is broken down and discharging into the rectum. It is possible to have cancer near the rectum which will cause no symptoms referable to the rectum, and hence furnish no indications for operation.

2. In all cases of incurable non-malignant ulceration where the disease is too extensive to admit of complete resection of the ulcer.

3. In all cases of threatened obstruction where the obstruction cannot be permanently overcome by attacking it directly; for example, the obstruction due to old pelvic cellulitis in women.

4. In all cases of recto-vesical fistula.

5. In cases of congenital malformation where the rectal *cul de sac* cannot be dissected out and brought down to the surface.

Self-Tied Knot in Funis.—Aurelius Bowen, states (*Omaha Clinic*) that three coincident circumstances must characterize every self-tied knot in a funis.

First: There must be rather an abnormal length of the umbilical cord.

Second: There must be rather an unusual quantity of the amniotic liquid.

Third: The whole process must be finished at an early stage of fetal existence, while the fetus is small.

This accident to the funis, he would infer to be measurably antagonized, or remedied by the gelatine of Wharton, which many times makes up quite a proportion of the funis, and by means of increasing the size of the cord, obviates the tendency to the formation of a knot, and if it does not prevent it entirely, preserves it measurably from tightening and so allows the fetus to come to maturity. This accident has happened three times in his practice of 45 years. The first time there was rather a deficiency of the gelatine of Wharton, the funis was small and the knot formed and tightened at about 4½ months, and of course the fetus perished. The last two times there seemed an abundance of the gelatine of Wharton, the funis was stiffly elastic, the knot never tightened and the children were born lusty.

Dermatol in Ulcers.—Bismuth subgallate, or dermatol is attracting some considerable attention just at present. Dr. John P. Sawyer states (Cleveland *Medical Gazette*) that upon cut surfaces and in repair of surgical wounds, the dermatol seems to exert a very favorable influence. In freshly opened abscesses, however, it is not recommended, but is said to hasten the healing after fomentations have been used. Further, it is not worth using upon sluggish granulations, as it seems to possess no power of stimulation, although favoring healthy granulation. Its effect upon ulcers is certainly most remarkable. Some of the cases seeming to be incurable by medicinal means and to demand skin grafting, have healed very kindly under a thick coat of the powder. It may be dusted directly in powder form, or by the powder blower, or made into ointment of five, ten or twenty per cent. strength. "Weeping" eczemas are very happily influenced by it. The gynecologists also report good results. But if it do no more than be the most quickly and uniformly successful application for ulcers, particularly of the leg, and bedsores, and to some extent replace the malodorous iodoform as a wound dressing, it will have abundantly proven its right to be.

Toxemic Origin of Rheumatism.—In speaking of some curable forms of rheumatic-gout (*Am. Jour. Med. Sc.*) Dr. Edward Blake states that in regard to the question of the toxemic origin of some forms of rheumatism, the problem naturally presents itself: Are the joints poisoned directly or indirectly?

That the septic material is not carried to the joints directly, but that these suffer via the nervous system, seems likely from the following considerations:

1. The frequent presence of symmetry, especially in first attacks.

2. The extreme rarity of joint abscess in connection with rheumatic gout.

3. The researches of Raymond make it probable—

a. That the muscular atrophy is not due to mere disuse.

b. That the muscular changes, though at times associated with neuritis, are not themselves products of that neuritis.

c. That the changes in the intra-fibrillary muscular substance, in the neighborhood of an osteo arthritic joint, are synchronous with the changes in that joint.

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d. That the two phenomena are due to one common cause.

e. That they are both of them results of reflex trophic change.

The case which has been narrated is not only one of exceptional interest, but it is full of suggestiveness to us in coping with a disease admittedly of a most obstinate and disappointing character.

For a long time we have been accustomed to trace the origin of certain cases of so-called rheumatism to septic absorption. A familiar example is gonorrheal rheumatism; another is the general synovitis seen often as a sequal to puerperal septicemia.

What he desires to draw attention to is the fact that this condition may much more frequently underlie various arthritic changes than we have been in the habit of thinking.

Food Intemperance.—Although rather lengthy the following from the *Lancet* by Dr. James Adam contains many points of interest and information:

The hyperphagist is met with every day and everywhere; indeed, we are all more or less hyperphagists, and consume a great deal more food at each meal than is at all good for us, or necessary for the physiological requirements of repairing waste and maintaining nutrition at its proper standard. Few of us have the courage to stop short of satiety, and no doubt many minor ailments—nay, even some of the major—are directly due to hyperphagy.

The pronounced glutton—the polyphagist, as he ventures to name him—is, fortunately, more rarely met with. The man who gorges himself with food for the mere pleasure of doing it is not a desirable object to witness, but in its many and more modified forms polyphagy, as everyone knows, is not an uncommon vice.

Closely allied to polyphagy is another, and, as many will think, a more excusable vicious practice, to which he refers as opsomania. It is an overpowering desire to indulge in dainties and sweets to excess. It is often surmised—he is sure with injustice—that ladies are especially prone to this malady.

But perhaps the most rare as well as the most interesting food abnormality, or intemperance. from a psychological point of view, is that which remains to be described, and which for want of a better name he calls sitomania. Some such definition as the following may be applied to it. "A mania occurring periodically, characterised by loss of volition and an overwhelming desire to partake of food to an unlimited extent, followed by remorse, depression, and tendency to suicide." In many respects this form of disease resembles the now well-known and defined disease dipsomania. In both there are intervals, often prolonged, during which an entirely normal state prevails; there is no undue desire in the one case for excess of food, in the other case for drink. Then, often suddenly, there ensues a wholly uncontrollable desire in the one case for a food gorge, in the other for a drink excess; in both the essence of of the disease is the secretiveness with which the orgie is conducted; there also ensues in both, when the orgie is over, the same feeling of intense depression and remorse, and in some cases a tendency to suicide. The sitomaniac adopts much the same means of gratifying his desires as those adopted by the dipsomaniac. When the attack is impending, he, a gentleman of high honor at all other times, will condescend to acts of indescribable meanness and deceit; he will rob his best friends, indulge in petty pilfering, even sell the clothes off his back, and reduce himself to absolute poverty to find the means for this morbid indulgence in food.

Coffee as an Antiseptic.—We find this interesting item in an exchange: The experiments of Luderitz, of Vienna, tend to establish the belief in the antiseptic properties of coffee. A strong solution of coffee, for example, ended the career of a bacillus of typhoid in about twenty-four hours, the active streptococcus of erysipelas in twelve hours, while not longer than from three to four hours was sufficient to kill the malignant comma bacillus of cholera. Strong decoctions acted more quickly still; the effects, however, are stated to be due more to the products of the roasting of the coffee than to the active principle of the berry. In this connection it has been pointed out by a correspondent of the *Indian Medical Gazette* that it would be worth while to substitute coffee for tea among the cases of enteric fever in the European military hospitals in India. Coffee also might be given a trial in the treatment of typhoid fever in this country. As a beverage, doubtless, it would be appreciated by the patient, and in the light of Luderitz's researches, there is just the possibility that it might have some controlling influence over the disease.

Sudden Blanching of Hair.—Newspaper accounts from Indiana mention a case of this kind. The physicians, nurses and those who chanced to be about the Nutt Hotel, of Crawfordsville, Ind., on the evening of the late Monon wreck were not a little mystified by the suit of hair worn by Miss Helen Love of the City Club Company. She is 22 years of age and a pronounced brunette. On the memorable afternoon of the accident and a moment before the cars began their fearful descent, Miss Love sat in the day coach reading a novel. From beneath the stylish hat she wore there peeped dark, soft, clinging curls. Then came the crash, the shock and struggle for escape from beneath the timbers. Scarcely a half minute elapsed until the girl had secured a sure footing and was safe, but that half minute, full of horror and mental suffering had done its work. An hour later she lay with a broken ankle on a hospital cot. Her pallid face was framed with ringlets of silver gray. A portion of Miss Love's hair retained its original color, and seems strangely out of place with her white tresses that bear unmistakable evidence of the intense mental horror which she must have endured until she was

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liberated from the debris. A historical case of this nature is that of Marie Antoinette.

Infantile Diarrhea.—The Paris correspondent of the *Bulletin of Pharmacy* states that salicylate of lime has lately been used there for infantile diarrhea and gastro-enteritis. The dose is from 15 to 22 grains. It is sometimes given conjointly with salicylate of bismuth. It is made by dissolving 200 grammes of salicylate of soda in 5 litres of water. On filtering, add 10 grammes of a solution of caustic soda, having a density of 1-160. Then add a solution of 100 grammes of pure carbonate of lime in dilute acetic acid, with q. s. of water to make 2000 grammes. The precipitate, in the form of small transparent rhombic crystals, is washed several times (on a filter) with cold water, and is carefully dried at a temperature not exceeding 95°F. This salt is soluble in 2,000 parts of water; it dissolves a little more freely in carbonic-acid water.

An Aid to Defecation.—A correspondent in one of our English exchanges states that an even greater "aid to defecation" than "pressure on the posterior half of the perineum," which Mr. Heath recommends, will be found in pressure with the finger upon the buttock just externally to the right lip of the anal orifice. Although the rectum in quite the last part of its course passes downwards in the middle line, yet the course of the gut has before that for long been from the left. The main impact of its protrusive force is therefore exercised, by means of the advancing fecal mass, upon the right rectal wall near the anal orifice. Here therefore the opposing force should be brought to bear. *Experto crede.*

Explanation of the Effects of Quinine.—The Berlin Correspondent of the *Lancet* says that an explanation of the therapeutic effect of quinine in malaria has at last been found. So long ago as 1867 Dr. Karl Binz, professor of pharmacology at Bonn, gave an explanation which was little noticed at the time, but has now been signally confirmed by the discovery of the germ of malaria. He showed that quinine hydrochlorate, with neutral or slightly basic reaction, is a strong poison for the protoplasms of decomposing plants, and greatly hinders many fermenting and putrescent processes. A. Laveran, the discoverer of the plasmodium malariæ, has demonstrated that this organism disappears from the blood of malaria patients after the administering of quinine,and that quinine, if permitted to act upon it directly, kills it.

A Curious Coincidence.—Dr. E. Schech, of Munich, while performing recently a difficult and tedious operation on the larynx (*Medical Record*) was himself suddenly seized with spasm of the glottis. This was followed by tetanoid convulsions, and for a time it was feared that he could not recover, but fortunately these fears were not realized.

A Business View of Medical Education.

Editor Medical Review.—

II. The Treatment of the Disease.—It is self-evident that in a country where public sentiment and constitutional law are opposed to all ex post facto proceedings, all restrictions on the number of practitioners must affect those not yet admitted to the profession. It is also plain that the qualifications for admission should depend impartially on the merits of the candidates. But just what should be demanded and how his ability should be tested is a problem about which there may be a wide difference of opinion. It is no discourtesy to say that the licensing of physicians should not rest with college faculties who are personally interested in and to some extent pecuniarily dependent upon medical students. It is practically impossible for a small unendowed college to lose the money and prestige which large classes supply by making its course difficult. On the other hand, the requirements of the more noted colleges usually react to their own advantage on the same principle that an exorbitant charge by a physician of high standing is apt to increase his practice. Moreover, it is a significant fact that the large colleges do not raise their requirements for admission but increase the work to be done inside their own walls. The writer believes that the solution of the whole difficulty of a profession overcrowded and comprising by far too many unpleasant associates and poorly equipped physicians lies in the requirement of a good general education, which is expected of the doctor, the very title gives him prominence—which is, unfortunately, often undeserved. Although by no means a man of leisure, yet the physician is tied down to fewer hours than most men and this and the fact that much of his time ought to be spent in study, naturally places him in the position of a popular educator along with the minister and the professional student of science, history or literature. Again he must be self-possessed, full of tact and thoroughly at home whenever and wherever called upon. An ignorant man, summoned to render aid to his superiors must necessarily appear at a disadvantage and bring discredit upon his profession. An educated man by the use of common sense can adapt himself to all grades of society. A general education, both by the actual information embodied in it and by its mental discipline is a better equipment for the physician who must be so literally "all things to all men" than the excessive devotion to chemical and anatomical minutiæ or the knowledge of the characteristics of diseases which are

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not met with in our generation and climate, such as typhus, relapsing and dengue fever.

Moreover, to take a purely business view of the matter, the prospect of spending two or three winters at a professional school is not very formidable to the man who thinks the practice of medicine would be preferable to handling manure or cutting hair or who, having wasted his early youth in frivolities wishes a little to give him an air of respectability and dignity. But such men would be easily deterred if required to have first completed the ordinary "high school" course or an equivalent as decided by a perfectly disinterested non-medical examining board. All honor should be given to the man who rises from a humble position to one of dignity by honest effect, but the man who seeks to be carried over intervening obstacles and to gain the advantage of a place for which he has not fitted himself deserves neither financial success nor respect. The high school education is mentioned as a standard since it is easily and cheaply obtainable and since it is the only convenient compromise between the common school instruction which is manifestly insufficient—although we must make the humiliating acknowledgement that it is more than many doctors of medicine have enjoyed—and a collegiate education which for present practical purposes would be an unreasonable requirement. The writer would suggest, however, that college graduates should be allowed to take their final examinations in medicine one year earlier than others on the ground that their four years' extra study has included much that is directly usefnl to the medical student and has trained the mind to assimilate more quickly, new facts and theories. The preliminary studies which would afford direct aid to the medical student are physics, chemistry, microscopy and histology, physiology, botany, zoology and comparative anatomy. But of all the academic studies; Latin, the language of materia medica and anatomy, and Greek, which together with Latin furnishes the technical terms not only of medicine but of almost every other scientific art, are the most important. It is not necessary to require a thorough acquaintance with the classics, a year's study of Latin and Greek would be sufficient to make such terms as *extensor communis digitorum*, *leucocythemia*, *periphlebitis*, easily spelled and self-defining. Every medical student must learn some Latin and Greek in one form or another; the question is, which is better, for him to acquire his vocabulary by rote while he is busy with his medical studies, learning the words in their mutilated anglicised forms, or, before he is enrolled in the medical college, to spend a year studying real Greek and real Latin.

The medical course itself ought to be improved in some particulars, to tighten, as it were, the meshes of the sieve which is to keep back the chaff and let the good grain pass through. A graded course, the substitution of recitations for most of the lectures, the relative increase of practical clinical and laboratory work, the increased frequency and stringency of examinations are desiderata. The licensing power should rest with a national board. State boards are better than none but ridiculous contrasts and frequent injustice to candidates are inevitable with them. Improvement should also be made along the line of more thorough and less diffuse teaching. Many anatomical points might well be overlooked; how many fibulæ for instance correspond to the typical description of the bone? The deep muscles of the back are omitted by most lectures on anatomy and many other structures might with equal propriety be neglected. Out of the embarassment of riches which the pharmacopeia offers, a hundred drugs, and of each only one, two or three officinal preparations, could be selected with which a man could practice medicine intelligently and correctly for a lifetime barring the addition of new remedies and the discarding of those replaced by similar but more perfect drugs. Again the existence of specialties such as skin, eye and ear, throat and nose, chemistry, etc., should be recognized as dentistry already is, and courses in these branches should be made elective. It might be well to require every student to select at least one specialty and to award diplomas for proficiency in the chosen field. As a natural sequence, specialists should receive licenses to practice based on their ability in general medicine and the chosen specialty. Too much of the students' time is taken up in the discussion of dead issues, professors forgetting that the men to whom they lecture have no preconceived ideas and habits of practice to be combatted. There is too much waving of the bloody shirt of the war between science and antisepsis on the one hand and ignorance and dirt on the other. There is too much dilation on the well established fact of the pollution of water with typhoid germs, too much description of typhus fever, for us practically an extinct disease, too much arguing against the faulty management of the perineum and placenta by our grandfathers. The infliction of such hysterical matter in an overworked student is too much like requiring a shipwrecked sailor to investigate the geological strata of a desert island before providing himself with shelter from the elements.

The writer appreciates how incomplete in detail, how crude with reference to the necessary legal preliminaries, these letters have been. His standpoint is neither that of the man too well established to care for the fate of his fellow practitioner nor of the one who feels himself being driven to the wall by the surplus of physicians, he is therefore disposed to speak earnestly and yet with moderation. It is his hope that others may so far interest themselves in this matter as to diminish in quantity and increase in quality the additions to our propression. X.

A Remarkable Case.

Editor Medical Review.—On Oct. 29, 1891, I was summoned twelve miles in the country to see a young girl, 17 years old, who had three days previously become the unfortunate mother of an illegitimate child,

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due to seduction and betrayal. This girl was not even suspected of being pregnant by her stepmother whose care and watch over her was not as scrupulous as it might have been. The girl, however, knew quite well her father's sentiments on matters of this character; in fact, she had heard her stepmother say that her father would be so enraged over a thing of this kind that he would not hesitate to kill his own child in "cold blood" if found guilty of such a disgrace.

On Saturday at 2 P. M., the child was born, with no one present except her stepmother and an old colored woman. Her father, who had been absent from home on business all day had just returned, and while her stepmother went to break the sad news to him at the gate of the front yard, the girl remembering her father's previous vows, quickly got up from her bed and ran out of the house at the back door into the back yard and thence through an open stubble field to a dense forest, some distance from the house, crossing a high fence, and hid herself in the woods during the greater part of the night. On the following day she traveled nine miles barefoot and in her night clothes. On the next day she walked six miles; and, on the third day she was caught sixteen miles from home on a railroad trestle, making her way toward Dan river, where she intended to drown herself by jumping from the railroad bridge into the river which was only a few hundred yards.

She was taken to her home in a semi-conscious con dition, and when I reached her bedside I found her almost pulseless and, I may add, almost lifeless. The womb was protruding from the vagina and a whitish discharge tinged with blood was on her improvised napkin, her other clothing saturated with blood.

After administering suitable restoratives and nourishment by degrees, reaction came on, when I replaced the uterus and applied a supporter, directing the recumbent position with slight elevation of the hips. After spending some hours with her, reaction became fully set up, and she had regained her consciousness and now was able to talk and tell of her three days' wanderings. I gleaned from her story that when she attempted to cross the high fence on the evening of her departure she dropped the "after-birth," but did not stop more than a minute or so. She said that blood was flowing from her nearly all the time and that she got very weak and "fainty" at times; but that she did not care for that, as she was anxious to drop dead in her tracks at any moment. She stated that she did not eat anything from the time she left home until she returned, and was barefooted and without clothes, save what she had on when the child was born.

These are the facts in the case, strange as they may appear to men of scientific attainments in "obstetrics," that branch of our grand old profession. They are true, and just here let me say, this young girl is now entirely well and with her buxom baby boy is living in seclusion at her father's home.

The interesting features of this case are: First, her getting out of bed in the third stage of labor and running nearly a quarter of a mile, climbing a high fence without bleeding to death when the placenta was discharged. Second, the great amount of exposure endured at such a season of the year without taking cold or contracting pneumonia. Third and lastly, that she escaped peritonitis or puerperal septicemia. These are stubborn facts in the light of our theoretical knowledge of septicemia and its relative bearing to the pueperal state. And when I recall the many strong injunctions given me in the classroom by such men as Drs. Paul F. Munde, A. Gerster and Jno. A. Wyeth, on the subject of antisepsis, and then read the benedictions (?) of Playfair, Leishman and Skene on the management of the puerperal state, I almost blush to report such a case as this. But facts are facts, and it gives me pleasure to report them even though they strike at the very vital of the much-mooted theory of antisepsis as now practiced in our northern hospitals. Respectfully,

South Boston, Va. B. C. KEISTER, M.D.

San Francisco Letter.

NEURECTOMY FOR LEPROSY.

Case of a hereditary leper, 19 years of age, who has been at the hospital for 4 years—sole remaining lesions being lagophthalmos and "main en griffe," the arm being flexed and nearly useless. For the relief of this condition of the arm, Dr. Shiels, in the presence of five surgeons of this city, cut down on the left ulnar nerve and removed half an inch of a fusiform enlargement. The wound to day is firmly closed by first intention. The result, of course, will not be apparent for a month or two. Why the exsection of the nerve was made is one of those things no fellow can find out. I have often been greatly surprised to note how quickly repair goes on in leprous tissue under ordinary surgical procedures. A case in point:

A Chinese at the hospital, whose feet were anesthetic from leprosy, while taking a foot bath, allowed one foot to stay in hot water until the smell aroused his attention, when the foot and leg were so badly scalded that the epidermis stripped off, nearly up to the knee, as he withdrew the extremity. The patient was very anxious to have the leg amputated, and several surgeons of note who saw the case believed the operation essential, yet under a dressing of bichloride and an ung. of 10% ichthyol the whole leg was firmly cicatrized in six weeks. It is an interesting fact that out of the ten lepers now isolated at the Twenty-sixth Street Hospital, only three are Chinese, one Hindoo, one Mexican, the other five being pure Caucasian, the most beautiful case there being a native of Massachusetts, who had never been out of the United States.

Isolation of the lepers consists practically in their being expected to sleep in their wards, the most foul case having at all times the freedom to lounge in any nook of the whole institution, while those not so far advanced I have seen shooting over the hills and marshes, and up to a very recent date they were al-

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lowed to go into the city when they pleased. How true it is that familiarity breeds contempt.

HYPODERMOKLYSIS.

At the last meeting of the California Academy of Medicine (which is the old Medical Benevolent Society under a new name), Dr. Hildebrand read a paper on "Hypodermoklysis," which he has used many times of late with incalculable advantage, and to which he earnestly invited the attention of the society. The paper provoked a warm discussion. While many members had never heard of the operation, others were very familiar with it. One had a reading acquaintance, while Dr. Kreutzman held a needle for its performance an essential feature of his everyday armamentarium. The conclusions of Dr. Hildebrandt, concurred in by every member who had used the method were:

That it is a valuable recourse in cases of acute anemia or narcosis.

That it has all the advantages of transfusion and is entirely free from danger.

That it has a wide range of applicability in post-partum hemorrhage, typhoid, cholera, chloroform and opium poisoning, and in surgery.

That the solution should be 7-1000 of chloride of sodium and the quantity 1-2 litres preferably injected in at least two places under the scapulæ.

The grippe is still very prevalent here, but milder than last year.

S. J. H.

Commendation from the North.

Editor MEDICAL REVIEW.—The REVIEW has wonderfully improved in the mechanical department; also in the arrangement of medical items, and the large type used is a step in the right direction. The REVIEW is one of the best journals that comes to my table.

Yours truly,

J. A. MCARTHUR, M.D.

Winnipeg, Man., Jan. 19, 1892.

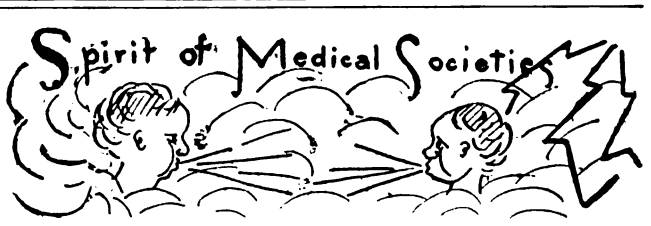
An Endorsement Nearer Home.

Editor MEDICAL REVIEW—Dear Sir.—I fully appreciate the recent improvements, and feel like tendering compliments to the editor and publishers, and congratulations to the readers. Yours truly,

THOS. R. THORNTON, M.D.

Lee's Summit, Mo., Jan. 28, 1892.

The Mississippi Medical Monthly thinks that it would be a good idea for every physician in the State to make a personal appeal to his respective representatives in the legislature and senate, to urge the passage of a law giving the physician a prior lien to the amount of at least $15.00. When a doctor makes a visit to the sick he has not time then, nor is it always in good taste, to make arrangements for the payment of his bill.



Section of the Pericardium.—Dr. Koerte reported a case to the Berliner Med. Gesell., (*Deut. Med. Zeit.*) illustrative of the audacity of modern surgery. A little girl of 7, presented signs of pericarditis, whose cause was osteomyelitis of both tibiæ. These bones were chiselled giving vent to pus. In the meantime the exudation in the chest reached from the first rib to the lower border of the ribs. The fifth intercostal space was punctured giving exit to thin pus. The fifth rib was then resected for a distance of about two inches and the pericardium emptied of about a pint of thin, purulent liquid. After enlarging the opening on the left side the action of the heart could be observed. The secretion from the pericardium was abundant and the injection of disinfecting solutions was well borne. The heart's action, however, grew weaker and weaker and on the twelfth day death from heart-failure occurred. The discovery of abscesses in the heart muscle explained the continued suppuration. The operation demonstrated the fact that operations on the pericardium may be performed in suitable cases.

Artificial Fecundation in Uterine Displacements.—At a meeting of the Association of Internes of the Hospital Notre Dame (*Union Med. du Canad.*) Dr. M. T. Brennan read a paper on this subject in which he arrived at the following conclusions, based upon two successful cases:

1. Artificial fecundation appears to be useful, under certain restrictions, in displacements of the uterus in which the adhesions to the neighboring parts are not too strong.

2. It should not be employed when the slightest inflammatory complications exist.

3. The sequelæ of parturition should be carefully watched and the aid furnished by pregnancy should be utilized to correct and maintain corrected the uterine displacement.

4. Faradization should be employed until involution is complete.

5. In order to favor this last all signs of subinvolution should be carefully attended to.

6. It is important to assume no responsibility in regard to the result of the operation or the natural or social consequences which may result from it.

7. In one case pregnancy lasted 264 days; in the other 273 days.

8. The result of the fecundation, regarded in the light of an operation, was perfect.

9. As a therapeutic measure, it favored a slow breaking up of the adhesions and rendered a subsequent course of treatment more efficient.

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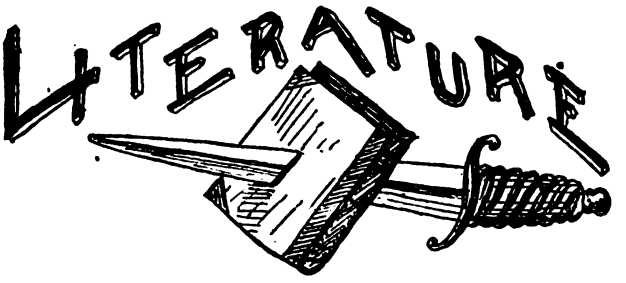

A Compend of Human Physiology, Arranged in the Form of Questions and Answers. Prepared and Especially adapted for the Use of Medical Students. By Wm. J. Watkins, M.D. 12 mo., pp. 244. [Louisville, Ky.. W. J. Watkins, M.D. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $1.25.

This little quiz compend is one which has one chief recommendation—it is short and to the point. It does not pretend to be, nor is any effort made to appear as a physiology. It is a series of questions and answers in which brevity is made a point and yet without sacrificing its value in the way of clearness. While it may appear dogmatic in its style, the authorities upon which it rests are sufficiently precise to permit of this. One quality which it possesses in an eminent degree is that no point is slurred over, but each one is considered and, when we take into consideration the difficulty of constructing a catechism of this nature, we can congratulate the author upon the good work he has done. The "Finale" contains a number of points worth remembering many of which recall to our mind the "catch" questions of our student days. In addition to this many interesting and useful facts in connection with physiology are presented in a condensed form.

Essentials of Medical Electricity. By D. D. Stewart, M.D., and E. S. Lawrence, M.D. 12 mo, pp. 156. With 65 illustrations. Saunders' Question Compends, No. 23. [Philadelphia: W. B. Saunders 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $1.00.

This is perhaps one of the most valuable numbers of the Question Compends issued by Saunders. It is a well-known fact that electro-therapeutics is but little understood not only by medical students but by physicians as well. The authors of the little book before us have sought to throw light upon this obscure subject and seem to have very well succeeded in their purpose. The construction of batteries, the manner of using them, as well as the physiological effects of the different currents are considered in a very intelligent manner. Electro-therapeutics are also fully considered. The fact that the work is the result of cullings from the best works on the subject by acknowledged specialists gives it a certain authoritative value which enhances its value to the reader.

The Physician's Combined Visiting List, Ledger, and Cash Book. By M. T. Zellers, M.D., Hooper, Neb. [Fremont, Neb.: Tribune Blank Book M'f'y. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street.

This is a combined account book which has been gotten up by a physician for practitioners who do not wish to keep a full set of books for their accounts. The list is gotten up with an alphabetical index in ledger-style so that the account of any patient can be determined at a glance. If it is desired to use it merely as a ledger and cash-booh it will be found admirably adapted for that purpose. It is also so arranged as to make a good visiting list. It is of convenient size for the pocket, well bound and neat and provided with a flap which effectually protects the free margins of the leaves.

Stricture of the Rectum: A Study of One Hundred and Thirty-Eight Cases. By Chas. B. Kelsey, M.D. 8 vo., pp. 48. Second Edition. Enlarged.

The author of this monograph has been identified for many years with rectal surgery and whatever emanates from his pen on this snbject may be regarded as authoritative. In the present opuscule we are treated with a lucid clinical exposition of the subject. The statement is made that syphilitic or even venereal stricture of the rectum is by no means as common as has been represented, and that many such cases are to be attributed to other causes. This little monograph will well repay careful perusal.

Shorthand and Typewriting. By Dugald McKillop. 12mo., pp. 123. Illustrated. [New York: Fowler & Wells Co. 1891. St. Louis: J. H. Chambers & Co., 914 Locest Street. Prices: paper, 40 cts; cloth, 75 cts.

This is a small work which opens with a brief sketch of shorthand history, followed by practical suggestions to the learner of the art. Typewriters and typewriting are fully considered as well as numerous other hints. That portion of the book devoted to general hints is probably the most valuable as it contains brief and pointed suggestions which will be readily appreciated by those who are interested in the subject.

Vick's Floral Guide, 1892.

True and tried friends are always welcome, consequently "Vick's Floral Guide" is sure of a warm reception, especially when dressed as daintily as this year. The numerous colored plates of flowers and vegetables are certainly works of art and merit. Send ten cents to James Vick's Sons, Rochester, N. Y., and procure a copy of this attractive and useful catalogue. It costs nothing, as the ten cents can he deducted from the first order.

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Dr. John M. Jones, a prominent physician of Marshall, Ill., dropped dead on the evening of January 30, of heart disease.

To have Evidence against quacks is one thing; but quite another to get witnesses into court sagely remarks one of our exchanges.

The Ohio Medical Journal is the name which has been adopted by the monthly formerly known as the *Journal of the Medical College of Ohio.*

Dr. Nicholas Senn has been invited to address the British Medical Association, at its next meeting, on intestinal obstruction and intestinal anastomosis.

Medical Topics are becoming very popular with the lay public if we are to judge from the large amount of literature on this which appears in our daily newspapers.

The St. Louis Medical College, which was lately made a department of Washington University, is to be housed magnificently. The new building, exclusive of the site, is to cost $107,000.

Dr. Mills Fowler, of Gainesville, Tex., was recently arrested on a charge of arson. He and his family have enjoyed the respect of the community and the doctor stands well professionally.

The Pharmaceutical Record had its printing office destroyed some time since. With characteristic energy all hands went to work, the delay occasioned by this accident amounting to not more than one day.

The Free Dispensary Problem is one of more than usual interest in London. Various measures have been suggested to remedy the abuse, but none has yet been found to be applicable in practice although admirable in theory.

The Worth of a Medical Journal is as an appreciated as that of a doctor's services. One of our exchanges states very pertinently that the doctor really pays a very little part of what a thoroughly good medical journal is worth to him. If a journal is not worth ten dollars a year it is not worth the time it takes to read it, as that is the most important element of the cost of the doctor's information. Take those journals like the REVIEW that will give the most useful information to you in practicing your profession.

Fire-Places and Grates are still in high favor in England, where stoves for heating purposes have never seemed to have gained a foot hold. The Englishman appears to be conservative in defiance of the laws of hygiene and comfort.

The Ownership of the Prescription has not yet been satisfactorily determined. This subject seems to be still agitating British as well as American physicians and it may result in making the doctor dispense his own medicines.

Whiskers are slowly disappearing from the faces of doctors. Asepsis has made a radical change and it is banishing this hirsute adornments and with it a prolific source of infection. However, we still meet the doctor with a long coat, a long hat, a long face, and long whiskers.

Longevity and Beer.—In Munich, it is stated, the mean duration of life is 51.35 for the retailers; 59.95 for the waitresses; and 92.33 for the brewers of beer. On the other hand the dealers in wine live to be 41 and the women 47. The Bavarians look upon this as a victory for Gambrinus over Bacchus.

Medical Review Visiting List.—This book contains a perpetual visiting list with a pocket reference book. The pages for weekly call and memoranda are ample and the tables for ready reference are both valuable and convenient. Price 75 cts. J. H. Chambers & Co., Publishers, St. Louis, Mo.—*Atlanta Med. and Surg. Journal.* See ad page vi.

A Bacillus has been discovered by P. Canon in the blood of influenza patients. It is identical with the one discovered by Pfeiffer, described in our last issue. Having been found independently and simultaneously the fact affords confirmatory evidence of a valuable nature. The details of the staining methods are given in *Le Bulletin Medical.*

A Puzzler.—We confess our inability to interpret the following from the *Pharmaceutical Era:*

The following ℞ was received in one of our city stores on a recent *Sunday:*

℞—Three a Lade Rosedales, in powders of one-fifteenth of a box each.

SIG—To be taken once in six hours until relieved.

DR. BLANK.

Deaths from Chloroform appear to be quite numerous in Australia. During the last six years (1885 to 1890 inclusive) 23 deaths under chloroform occurred within the colony of New South Wales, viz., six each in the Sydney and Prince Alfred Hospitals, two each in the Albury and Goulburn Hospitals, and one each in the Gulgong, Wagga, Tamworth, St. Vincent's and Newcastle Hospitals, the Gladesville Hospital for the Insane, and Dr, Wood's private hospital at Stanmore.

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Dr. E. Lipp, Professor of Dermatology in the University of Gratz, died recently.

There are 2,500 licensed physicians in New Jersey, and of these there are said to be ten per cent. registered on bogus or fraudulent diplomas.

The German Congress of Internal Medicine will hold its eleventh meeting at Leipzig from April 20th to 23rd, under the presidency of Professor Curschmann.

An International Congress of gynecology and obstetrics is to be held at Brussels, Belgium, September 14 to 19, 1892. The meetings are to be held every fourth year, alternately in Switzerland and Belgium. The general secretary is Dr. Jacobs, 12, rue des Petits-Carmes, Brussels.

We Wonder where a certain medical journal obtains its nerve tonic. We have been led to this inquiring state of mind by the following ad:

Subscribe for the ———,
Or take down your shingle.
Advertise in the ———,
Or put up your shutters.

A New York Drug Clerk bought of a peddler a lot of "rare old sherry wine," says an exchange, poured it into some old bottles he had on hand and invited his friends to visit him Sunday and help dispose of the beverage, which they did. So far so good, but the bottles had previously contained croton oil, and in consequence the clerk does not now possess so many sincere friends, though they still are warm ones.

A New Method of Using Nasal Douches was recently demonstrated to us by two patients who incidentally mentioned the matter and proceeded to show how it is done. The modus operandi is as follows: A mouthful of salt and water is taken and by means of voluntary contraction of the pharynx it is forced upward through the posterior nares. One of the patients stated that he had acquired the art by "practicing" until he succeeded.

The Penalty of Ignorance in Turkey.—The practice of medicine in Turkey was formerly subjected to conditions of responsibility, which if exacted in the western hemisphere might considerably decrease the number of medical practitioners, says the *Pharmaceutical Era.* When the ignorance of a physician caused the death of a patient, he was condemned to bear at the neck two boards in the shape of a collar with bells around. Thus attired he was marched through the principal streets, the bells proclaiming his ignorance and warning the people against him. As a person's death is generally due to ignorance in prolonging life, it must have required a large degree of enthusiasm for the art of healing to adopt it as a career.

The Conemaugh Valley Memorial Hospital at Johnstown, Pa., was formally dedicated on Feb. 4. It was erected by the State Flood Commission at a cost of $65,000.

New York County Medical Association.—At the annual meeting of this Association, the following officers were elected for 1892: President, S. B. Wylie McLeod, M.D.; Vice-President, William T. White, M.D.; Recording Secretary, P. Brynberg Porter, M.D.; Corresponding and Statistical Secretary, Augustus D. Ruggles, M.D.; Treasurer, John H. Hinton, M.D.; Member of the Executive Committee, Beverhout Thompson, M.D.

Opening in Mexico.—An exchange states that it is reported that the opening for American doctors in Mexico is very fine. One doctor reports, that in a town of ten thousand inhabitants with ten or fifteen thousand surrounding population, he is the only physician within thirty-five miles. He says the doctors of Mexico are good in theory but not in practice. So far as we have learned from physicians who have been there, American physicians are not liked and Europeans have a much better opportunity of succeeding.

Prostitution.—In Vienna each prostitute receives a book containing a description and photograph of herself, and a copy of the laws relating to prostitution. No one under sixteen can be registered, nor persons afflicted with organic or constitutional disease. Sanitary examinations are made twice a week, all diseased women are put into hospitals, primary syphilitic cases are quarantined for three months, and kept under treatment for two years. Clandestine prostitutes are treated in the same way by their own physicians.

Female Dentists in Sweden.—After conquering the right to wield the stethoscope and the bistoury there was no reason why women would refrain their hands from the dental forceps. We mentioned a week or two ago that female dentists seem to find an useful field for their energies in Russia, and their Swedish sisters appear determined not to be left behind. In Stockholm a scholarship has been instituted expressly for female students who intend to study dentistry. It has just been awarded to Miss Elena Levin, who recently qualified at the Gothenburg School of Dentistry.

The Death Penalty was considered at the late meeting of the New York State Medical Society. A report from a special committee, of which Dr. A. Jacobi of New York is chairman, on the "abolition or non-abolition of the death penalty" was presented. The report takes the ground in favor of abolishing the death penalty principally for the reason that it may be enforced on some criminals who, through a perversion of judgement and will, from physical or hereditary casues, are totally irresponsible for their acts. The report was ordered published and action deferred on it for one year.

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Dr. Dubois, professor of Materia Medica at Ghent, died not long since from the effects of influenza.

John K. Lodge, of Georgetown, Del., was convicted Jan. 29 of the killing of Mrs. Martha I. Ivans by criminal malpractice last July. He was sentenced to imprisonment for life and to pay a fine of $1,500.

Prize for Temperance Essay.—The President of the French Republic offers a Sevres vase as a prize for the best essay on the following subject: A study of the best measures to be taken by the Legislature or by Private Initiative for the Prevention of the Abuse of Alcoholic Drinks, and for the Obviating of its Dangers. The award, which will be in the hands of the French Society for the Prevention of the Abuse of Alcoholic Drinks, will be made in December, 1892. Essays, which must be written in French, should be sent on or before September 30th to Dr. Motet, General Secretary of the Society, 161 Rue de Charonne, Paris.

A Reverse of Seasons is supposed to take place upon this earth once in every 10,500 years, due to the varying inclination of the earth's axis. About 1,500 years ago we entered the epoch of a more genial winter temperature, and if nothing happens to prevent, we may expect a gradual softening of our winter climate during the next nine thousand years, when another glacial epoch will begin. What sort of a country will this be in the year 11,500? Will it resemble Egypt, with remains of great buildings buried or sticking up out of the sand, and known to be more 4,000 years old? An exchange exclaims in anxiety: There is another question which greatly interests us, and that is: What will be the price of coal when the next cold spell sets in?

Death of Morell MacKenzie.—Sir Morell MacKenzie died Feb. 3, in London of bronchitis after an illness of a few days.

Sir Morell MacKenzie was born in Leytonstone, Essex, in 1837, and was educated at the London Hospital Medical College and in Paris and Vienna. He founded the hospital for diseases of the throat in Golden Square, London, in 1863. In the same year he obtained the Jacksonian prize from the Royal College of Surgeons for his essay on diseases of the larynx. He was soon afterward elected assistant physician to the London Hospital, becoming in due course full physician, and was appointed lecturer on diseases of the throat, an appointment which he held to the time of his death. He was corresponding member of the Imperial Royal Society of Physicians of Vienna and of the Medical Society of Prague and an honorary fellow of the American Laryngological Association. Sir Morell MacKenzie had suffered from bronchitis and asthma following his recent attack of influenza. His illness, however, it was considered had taken a favorable course. He was attended by his brother. His death was quite sudden. Only his wife was present when it occurred.

Merck's Bulletin is now published in the form of a royal octavo of 78 pages, edited by Dr. William Porter assisted by Dr. Gustav Muller. It is devoted to new discoveries in materia medica and practical therapeutics.

Small-Pox.—Some eight or ten cases of small-pox have recently been discovered among the Italian residents of New York, and the disease appears to have been brought from Newark, N. J., where it is said to have gained considerable headway.

Experts.—Any one who has had an opportunity of following a trial in which expert testimony was introduced will be struck with the force of the following culled from an exchange:

The confusion of courts who sit in judgement on experts, and juries who act as experts of experts, determining questions with an assumption of knowledge that the most learned shrink from, is a sad travesty on justice and equity.

Physicians, in many cases, are Job's comforters. Aside from putting them on the right way of living the best use of a physician is to put heart into sich folk; and one of the worst uses of a doctor is to take heart from them by discouraging them. Quack nostrums would not have any patent sale if they did not make the patient think temporarily there was hope of recovery. True charity puts heart into people by rousing them to self help.

Disposal of Old Instruments.—The London correspondent of the *Am. Pract. and News* states that a benevolent member of the Royal College of Surgeons has just suggested that medical practitioners should gather together their old-fashioned and discarded instruments and appliances and bestow them on the missionaries, lay and clerical, in foreign lands. Old operation-cases, knives, tourniquets, metal catheters, sounds, trocars, teeth instruments, etc., are all welcome, and their value in the lonely positions which many missionaries occupy, separated perhaps by two hundred or more miles from any assistance, can hardly be overestimated.

A Trick That Works Both Ways.—A shrewd New York druggist has a large silver-plated machine in view for registering weight. People come in to make purchases, and while the clerks are filling their orders they step on the scales. To the right of the scales is a small table covered with pamphlets entitled, "How to Get Thin." On the other side is a similar table on which there are a lot of books labeled, "How to Increase One's Weight." No man ever gets off the scales without deciding that he is either too fat or too lean, and naturally selects a book which recommends a pill, and the pills cost $2 a box. If the visitor be too fat he buys a box having a blue label, and if he is too thin he takes a box of a reddish tint.

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Dr. Mortimer Granville's Letter, advocating the use of alcohol, has excited world-wide comment.

Without Grip.—The following may be taken *cum grano salis:* It is a noticeable fact that Southern California, particularly that section surrounding San Diego, is the only section of the entire United States at present free from the malignant influences of the grip. Recent advices from Los Angeles and San Diego are to the effect that the principal hotels are crowded with Eastern visitors, and that the season is brighter and gayer than any of the predecessors.

An Unfledged Genius.—The following interesting lucubration has been received at this office (*Healthy Home*):

"I knew I was a born genius, because my mother told me so; and besides, I wrote poetry to my sweetheart before I was out of my knickerbockers, and I kept on writing poetry—beautiful poetry; but the world is sick of poetry. She has been overrun with it by such chaps as Henry W. Tennyson, Lord Longfellow and Rider Haggard. No, it's prose the world wants; so I wrote prose—love stories—delightful, entrancing love stories, sweet as honey and tender as spring chickens. And I produced pathetic productions—productions that would make your eyes ache and subtract crystal tear-drops from a heart of stone, but 'twas no go.

I see my error now, but now it is too late. I ought to have told the editors that I was a born genius. But its all right. By and by when I am laid to rest, the pale moon will gaze on my grave in tender pity, and then, oh, then the world will awake to my greatness! In the meantime I will go to Massachusetts and be a doctor."

Tuberculosis not Inoculable from Milk and Meat.—The rather startling information has been printed in newspapers that Dr. Henry F. Formad, one of the leading pathologists of this country, has made an examination of the milk and meat of tuberculous cattle at the request of the New Jersey State Dairy Commissioner, and takes a decided stand in opposition to the prevailing views on the subject. He says that he is convinced that the dangers from the use of milk and meat of cattle affected by tuberculosis are much overdrawn. He says authorities differ as to the effect of the use of milk and meat of cattle affected by tuberculosis, but the examinations just made show that the danger has been greatly overestimated. Experiments were made on guinea pigs, which were inoculated in the anterior chamber of the eye with samples of milk, but after eight weeks no tubercle bacilli were discovered. Dr. Formad also made an examination of the meat of cattle affected with the disease, but has never been able to find any bacilli. He thinks the only objection to the use of this milk is that it is less nourishing than the milk of healthy cows. There is little or no danger of catching the disease from it.

Small-Pox has appeared in Bordentown, N. Y., a number of cases being reported.

Dr. Geo. W. Ryan, of Cincinnati, recently sustained a painful accident. In entering his office he fell, a Pott's fracture resulting.

Mr. A. M. Unger, a student of the P. and S., Chicago, was fined $100 for practicing medicine without a license recently, by Justice Everett. The young man admitted his guilt, paid his fine, and promised not to do so again.

Dr. Walter Wyman, formerly of St. Louis, has been nominated by the President supervising surgeon-general of the Marine Hospital Service, a position that he has filled for a number of months under a temporary appointment during the recess of Congress.

Schools Closed by Scarlet Fever.—Scarlet fever is raging fiercely at Nora Springs, Iowa. Ten cases are reported, and a good many children have been exposed. The Board of Health has issued orders closing the Public School of the city, one country school and the Seminary.

A Texas Doctor proposes to treat consumption by connecting a "pelone" dog and the phthisical patient by a large skin flap, and enveloping the dog in plaster bandage to prevent motion. "In a short time there will be an interchange of the blood current of the two, and it, as is claimed, the blood of a dog is 'immune' to phthisis, in a short time the 'bacilli' will have been destroyed." An exchange says that this probably promises great things, but isn't there danger of the man and dog getting their identity mixed?

Was it Negligence?—We learn from the daily papers that a suit against Drs. S. T. Ensminger and E. W. Keegan for gross negligence was filed in the Circuit Court of Crawfordsville, Ind., recently. Alonzo Brooks, a circus man, was attacked one night by what was supposed to be earache. A messenger was sent for Dr. Ensminger at 10 o'clock. Ensminger refused to call on the young man until morning, saying he would be all right then. At 11 o'clock Brooks was suffering so that a messenger went to Dr. Keegan. He also refused to go to see him, saying, however, he would call as soon as it was light enough. In the meantime Brooks had gone into convulsions, during which he tore and scratched himself until he presented a terrible sight. He died at 1 o'clock. When it became known that the physicians had refused to call on the unfortunate man the whole neighborhood was indignant. Dr. Ensminger states that it was impossible for him to go when he was called, and supposing that another physician had been called, thought it was useless to make the trip. Dr. Keegan "supposed" about the same thing. Attorneys say the physicians are guilty of gross negligence. The decision in this case will be looked for with great interest by physicians.

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Cholera prevails in China with great fatality. This keeps all our Pacific Coast States wide awake, for China is now just next door to the great seaports of that extensive region. During the autumn several cities in Syria have been severely scourged by cholera.

The British Physicians complain justly of Queen Victoria's neglect to ennoble physicians and men of science, says an exchange. This neglect results from an old prejudic of the Queen. Lady Flora Hastings, one of her maids of honor, was said to be pregnant. This was proven by medical men to be the result of an ovarian tumor. The Queen so resented the chivalrous action of the profession in this case that she even boycotted her former court physician among the nobility therefor.

A Pen Picture of Lawson Tait.—The great ovariotomist is described as follows (*Jour. Am. Med. Ass'n*) by Dr. Fred. Byron Robinson:

Personally, Mr. Tait is a short, stout man, weighing about 200 pounds. He has a large head covered with dark iron gray hair. He wears only small side whiskers. He speaks moderately quick, and thinks very rapidly. In operating, when complications arise he makes quick decisions and then quickly executes them without hesitation. He is very reticent and quiet while at work, but when not engaged, is often talkative and enjoys a well told story. He has a large fund of humorous and witty stories, which he can relate in the in the most pointed style. He is a good entertainer at dinners. Whenever he talks his remarks on any subject command attention. In general, Mr. Tait is a quiet man, and often one can see him for a long time engaged in his own thoughts. He is an inveterate reader and reads in his carriage and on trains. He is fond of good theaters and frequently attends them.

The Illinois State Board of Health has, during the week ending February 5, issued certificates entitling to practice medicine in the State to the following physicians: A. D. Beven, Edward Bowers, J. D. Brandon, J. D. Brubaker, Chas. A. Canfield, Geo. W. Emery, Francis A. Henning, Robert L. James, Chittick Mortland, Berthold Pirosch, Wm. N. M. Rimert, Frank A. Thorn and Silas Yount, of Chicago; Lorenzo D. Boaz, of Texas City; Harvey S. Bossart, of Kankakee; Albert S. S. Burt, of Menomenee; Herbert D. Ensign, of Polo; Mack Jones, of Cisco; Geo. H. Knapp, of Jerseyville; Wm. H. Lacon, of Litchfield; and H. A. Minassian, of Eureka. Midwife certificates were issued to Anne M. Sauer, of Kensington, and to Mrs. Emma Shack, of Chicago. State certificate No. 1,258, issued October 12, 1877, to Dr. Robert McPherson, of Milledgeville, Carrol County, is revoked on proof of conviction of unprofessional and dishonorable conduct, he having been convicted of criminal practice in the town of Coleta, Whiteside County. His further practice of medicine in Illinois is illegal.

Influenza seems to be the reigning topic in medical journals at the present time. There is so much of this that, like laparotomy, it is beginning to pall upon the average reader of current medical literature.

Medical College Commencements will soon occur and the usual number of embryo physicians will be turned loose upon the community. About this time be prepared to hear complaints of the profession being overcrowded.

Dr. E. C. Chambers, of Sherman, Tex., charged with an aggravated assault upon Mrs. May Meredith in taking a set of teeth from her by force in his dental rooms, was fined $150 and given thirty days in jail. He is out on bond, having appealed from the decision.

Keeley's Rival.—A Dr. J. N. Groves, of Effingham, Ill., is pushing the Dwight Instisute as he seems to meet with great financial success. The treatment is said to be similar to Keeley's, but it is guarded with the same zealous secrecy. In this case it is claimed that the victims are turned loose in a much shorter space of time.

An Eclectic Contemporary drools away and fights a straw man, concluding that "Allopathic opposition has been strong, but public sentiment and the spirit of a free republic is in our favor." Were we malicious we might add that ignorance is also, but we have too much retpect for the large number of eclectics who are intelligent and sensible.

Central Hospital for the Insane.—The Illinois State Board of Charities met in Jacksonville, February 2, to investigate charges of the Chicago *Times* against the management of the Central Hospital for the Insane. The charges were neglect of patients, cruelty practiced by the attendants and the burial without inquest of a patient who was found drowned in one of the institution reservoirs after he had been missing thirty-three days.

Medical Charity.—We all know the extent to which this exists and, unfortunately, it is undeserved in many cases. The *Lancet-Clinic* states that a conservative estimate of the number of cases treated in the dispensaries of Cincinnati would be 40,000 per year. In other words, one-seventh of the population receive free medical treatment from the colleges, while a like number are certainly cared for by the hospitals, infirmaries, etc. We do not feel that we overestimate when we put the total number who receive their medical attention for nothing at 100,000—one-third of the entire population. The number who receive medical charity is much greater than those who receive charity in other forms, in fact, at least one-half are able to pay for services rendered, and would do so were not the dispensaries, hospitals, etc., so anxious for patients that they offer inducements to patients to come and partake freely of their bounty.

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The New York Pathological Society elected the following officers for the following year: President, Dr. H. P. Loomis; Vice-President, Dr. J. C. Thatcher; Secretary, Dr. O. C. Ludlow; Treasurer, Dr. J. H. Hinton; Editor, Dr. G. C. Freeman; Commission on Admission and Ethics; Drs. R. H. Sayre, H. D. Stearns, J. C. Ely and S. T. Armstrong.

Carlyle Harris found Guilty.—Our readers may remember our mention of the trial of a New York medical student, Carlyle Harris, for the murder of his wife whom he had secretly married. She was ill at a period shortly before her death. Harris gave her medicine and she died. Then the young man was arrested, the marriage was announced; he admitted having given her capsules of morphine and quinine as a nervine, but he tried to cast the blame of his wife's death upon the druggist who prepared the capsules upon Harris' student prescription.

It transpired that the young woman had been before her demise brought close to death by one or more criminal operations made by Harris. On the trial which was just ended it was shown that when the young wife was almost in extremis on one of those occasions Harris was engaged in orgies with other women, notably in Canandaigua, N. Y. Evidence that he had wished to be rid of his girl wife was introduced. It was proved that he had betrayed other young women, and that he had boasted of his power with young girls. Much expert testimony has been introduced, the defence seeking to convince the jury that the young wife died of heart disease. The verdict of the jury, given on February 2, was one of murder in the first degree.

Poisoned by Akee.—The *Gleanor* of Kingston, Jamaica, under date of January 12, published the following: Great excitement was caused in the eastern part of the city of Kingston on Sunday afternoon, the 10th inst., by a rumor that a fatal case of akee poisoning had occurred. Mr. C. H. Branday is a well-known citizen. On Saturday last there were in the house Mrs. Branday, her children, Mias Harper, who is a sister of Mrs. Branday, and William Pitkin, a little boy 8 years old, a friend of the family. At 5 o'clock the household partook of dinner, one of the dishes consisting of salt fish and akee, a favorite with many people. The akees had been manufactured from a tree in the yard on the previous day, but unfortunately were plucked from a branch which had been broken about three or four days previously, and it is presumed that the fruit had time to develop its poisonous qualities. The family, however, enjoyed their meal and nothing unusual was experienced until late on Saturday night, when two of the children, Arnold Branday and Wm. Pitkin, took seriously ill. The former got up from his bed and went into his mother's room complaining of thirst, and died a few minutes afterward. Pitkin died about the same time. On Sunday afternoon at 5:30 o'clock Mrs. Branday and Miss Harper died. A servant of the house ate some at the same time and has also died.

Paris takes care of the children in a liberal manner: At a recent meeting of the Municipal Council, 39,800 francs (about $7,900) were voted to defray the expenses of children admitted at the Saint Louis Hospital as day-boarders to be treated for ringworm, and 16,200 francs ($3,200) for the electrotherapeutic service at the Salpetriere and other hospitals.

The Doctor's Fee is considered at length in a recent number of the *St. James' Gazette* which says among other things that the amount of the doctor's account seldom represents the work, the thought, and the anxiety of even the simplest case. If the doctor is truthful he is probably considered rough and unfeeling; if he fences with the questions put to him he is liable to be considered ignorant or unwilling to tell the truth; if he is too hopeful and the hope proves to be unfounded he is blamed; if he is too anxious and doubtful he is equally in danger of being thought to be more concerned for his own reputation than for the patient's well-doing. Between Scylla and Charybdis happy is the practitioner whose attendance and whose charges please any considerable proportion of the patients on his list!

Suicide in Chicago.—We are told by the *Medical Standard* that Dr. Hektoen furnishes some interesting statistics anent suicide in Chicago during 1891. There were 385 suicides; of these $40^{6}/_{10}$ per cent were German; a little over the same percentage American; $11^{2}/_{3}$ per cent were Scandinavian; $7^{1}/_{2}$ Irish; 6 Bohemian, and 2 negro. These statistics corroborate the conclusions of Morselli. The Celtic antipathy to suicide is illustrated in the low Irish suicide rate. The Scandinavians who number less than one-fourth of the Irish, furnished four per cent more suicides. That the negro suicide rate is increasing is obvious, but this is in full accord with the increase in the neuroses and pyschoses among that race in Chicago. The American, despite a large infusion of Celtic blood, shows a decided increase in the suicide rate exceeding even the Germans, whom Morselli found to be the most suicidal of races.

Irresponsible Advice.—We find the following in the *British Medical Journal*: We have no "specific" for influenza to offer, and are not likely to have, although the means of prevention are not unattainable and the general principles of treatment are self-evident. Under these circumstances newspaper specifics of course abound high feeding, starvation, tonics, antiseptics, and sedatives of all sorts being indiscriminately and alternately lauded. The most original and the most dangerous—therefore probably the most extensively quoted—is the recommendation of the gentleman who advises sufferers to sponge themselves freely and frequently with cold water and to return to bed without drying. It is difficult to conceive a more dangerous proceeding or one more likely to invite pneumonic complications. The journalistic retailers of irresponsible prescriptions take upon themselves with a light heart a very serious responsibility.

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Epilepsy.—For a case of idiopathic epilepsy, in a child three years of age, Dr. Edwin E. Graham said that the treatment by the mixed bromides was the best, and prescribed the following:

℞ Potassii bromid, - - - - gr.iij.
Sodii bromid, - - - - - gr.ij.
Ammonii bromid., - - - gr.j.
M.
Sig.: Four times a day.

Favus.—Dr. Henry W. Stelwagon gives the following treatment for favus: Wash the head, using sapo viridis, and allow the latter to remain on the head for ten to thirty minutes. Remove the hair from the affected area and apply the following ointment:

℞ Unguent. sulphuris, - - - - ℥iv.
Unguent. picis liquid,, - - - - ℥ij.
Unguent. hydrarg. nitratis., - ℥ij.
Acid. carbolici, - - - - - ℥ss.
M.

Conjunctivitis.—A favorite prescription for conjunctivitis in the Eye Department of the Jefferson Medical College Hospital is the following:

℞ Acidi tannici, - - - - - ℥ss j.
Glycerini, - - - - - - - ℥j.
M.
Sig.: Apply locally.

Cod-Oil.—Prof. Parvin recommended to the class the following formula for making a palatable preparation of cod liver oil, which he had found that children would take very readily:

℞ Olei morrhuæ, - - - - - ℥viij.
Olei gaultheriæ, - - - - ℥j.
Calcii phosphatis, - - - gr.cclvj.
Pulv. acaciæ,
Sacchari albi, - - - - aa ℥ij.
Aquæ, - - - - - - q.s. ad Oj.
M.

For a Local Anesthetic, in minor surgical operations, Dr. W. Joseph Hearn recommended the following freezing mixture as a very excellent one:

℞ Menthol, - - - - - - - ℥j.
Chloroformi, - - - - - ℥ss.
Ætheris, - - - - - - - ℥j.
M.
Sig.: Spray over the part.

He Wanted Another Pint.—Some time ago an Irish country doctor held out hope to a distressed father of curing his son of confirmed habits of intemperance. The poor father, like a drowning man grasping at a straw, put the case into the medical practitioner's hand, hoping that something good might result. The patient at the time was in the incipient stages of the "jiggs"—*i. e.*, delirium tremens—and, being delivered over to the doctor, was carried off by him to his own home, where he was confined in a darkened chamber.

When the attack had spent its force and the sufferer had regained some degree of consciousness, the doctor being in a corner of the dark room, began to make strange and sad noises. "What the deuce do you mane by that whoiver you are?" said the voice from the bed. "Who are ye at all, at all?" To this inquiry the doctor only replied by a more prolonged groan, and explained presently that the place was situated in the infernal regions, whither he, too, an unfortunate drunkard, had been sent for his sins.

"Maybe so, indade," said the voice from the bed, "it's hard on ye, me poor man, but there's wan thing ye might do for me, as ye are longest here and know the ways of the place, maybe ye wouldn't mind goin' out and getting me a pint of John Jameson, for I've a terrible thrist on me, an' ye might have a share of the same for yer trouble."

He Obeyed Orders.—Dr. Batty Tuke, the eminent Edinburg psychologist, had a laughable experience the other day.

A Scotch laborer was engaged in the grounds of the doctor's asylum, near Edinburg, and had received instructions to pay no attention whatever to the remarks of the patients who noticed him.

Some little time after Dr. Tuke, looking at the progress of the work, mildly suggested an alteration. The workman dug stolidly on and never lifted his head. The doctor raised his voice; the man dug energetically. The doctor threatened, stormed and finally thundered out: "Do you know who I am?"

The son of the soil straightened his back, looked at him for a minute, and, shaking his head sorrowfully exclaimed: "Puir deleerious oratur, I'm sorry for ye!" and went on calmly with his work.

Young Widow.—"Is it true, Doctor, that the married live longer than the single?" Doctor: "Certainly! But why not—a large number of inconveniences are unknown in married life because it" * * * Widow: "Protects." Doctor: "No, hardens."

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Dr. W. C. Pease of Cumberland, Wis., has been promoted from local surgeon to be special surgeon of the Chicago St. Paul Minneapolis & Omaha railway, and is given a large territory.

Dr. Edmond C. Brush of Zanesville, Ohio, has recently been appointed surgeon of the Zanesville & Ohio River railway in addition to holding the same positions on five other railroads which enter that prosperous city. As this makes the even half dozen the doctor is well provided.

Railways in Japan.—One of our exchanges states that Japan now has over 1,100 miles of railways, government and private, 222 miles having been opened during the past fiscal year, and over 500 miles of private lines having been added within a few years; but railway investments in that country are proving no more satisfactory than in other lands. The value of shares continues to decline and in spite of a steady increase in passenger and goods traffic the condition of all the roads except those specially guaranteed by the government "is enough to cause the gravest anxiety," according to an official report. If granger legislation were added the condition of Japanese railways would indeed be bad.

Surgical Department of the Railway Age has become one of the leading features of that publication. Dr. R. Harvey Reed who edits this portion says:

We doubt whether another journal can be found in the world that is able to show such an array of important articles on railway subjects as will be found in the surgical department of the sixteenth annual volume of the *Railway Age and Northwestern Railroader* for the year 1892. A mere glance at the index of that department published in our last issue will be sufficient, we think, to convince any one of the truth of this assertion. If, however, any doubt it we would be glad to have them compare the work in connection with railway surgery accomplished by the members of the National Association of Railway Surgeons for the past year, as recorded in this volume, with that shown in any other journal.

A Museum of Railway Surgery.—We find the following in the *Railway Age*: Would it not be time and money well spent for the National Association of Railway Surgeons to start a museum and select a curator, whose duty it should be to take care of it, in which should be collected illustrations of all kinds pertaining to railway injuries, including plaster casts of ante-mortem cases, as well as wet specimens obtained by post-mortem, together with improved apparatus and various kinds of appliances for taking care of and transporting wounded employees and passengers? It would not be long until such a museum would be of great value to the railways as well as the railway surgeons of this country, and. the sooner such a nucleus can be started the sooner it will begin to gather important material around it. If any doubt the utility of such a collection let them go to the army medical museum at Washington and examine the specimens collected there relating to military surgery. This will be sufficient to convince any one of the importance of such an institution, which could be begun at a very small expense, and by rights should be started and maintained by contributions from the various railroad companies, who of all others would receive the most practical and direct benefits from it.

Antiseptic Surgery.—A writer in one of our valued cotemporaries states that the importance of having scrupulously clean hands in all operations is more and more appreciated every day. We realize the fact that it is usually impossible to practice aseptic surgery in railway work, especially on the field of injuries, and consequently must rely on antiseptic measures. Under these circumstances it is well for the surgeon to be supplied with peroxide of hydrogen for the purpose of cleansing the hands as well as the surrounding parts of the wound. It is needless to say that in a large majority of these cases wounds are found in an exceedingly filthy condition, and while the wound itself should be thoroughly cleansed, the surrounding parts should be not only cleansed but placed in an antiseptic condition. Under these circumstances it is well to use the peroxide of hydrogen, not only for cleansing the surrounding parts of the wound but also the hands, including the finger nails. After this it is well to use a wash of equal parts of alcohol containing 1 to 2000 bichloride, for both hands and surrounding tissues, before commencing the operation. During the operation we know of no better and no safer antiseptic than a liberal irrigation with one to 3000 solution of bichloride of mercury, which should be freely used before closing up the wound, after which the wound should be thoroughly dusted with iodoform and dressed with absorbent cotton securely held by a bandage of cheese cloth.

American Laryngological Society.—The officers of this Society for this year are as follows: President, Dr. S. W. Langmaid, of Boston; First Vice-President, Dr. Morris J. Asch, New York; Second Vice-President, Dr. S. Johnston, Baltimore; Secretary and Treasurer, Dr. C. H. Knight, New York; Librarian, Dr. T. R. French, Brooklyn. Council: Dr. W. C. Glasgow, St. Louis, Mo., Dr. F. I. Knight, Boston, Mass., Dr. D. Bryson Delavan, New York, N. Y., Dr. Harrison Allen, Philadelphia, Pa. The next session will be held at Boston in June, 1892.

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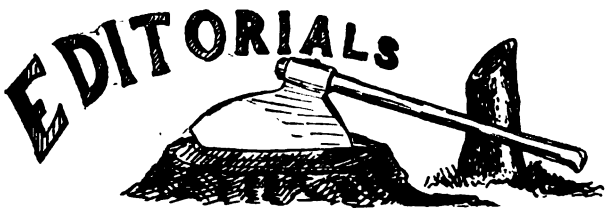

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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Medical Pedagogics.

The Pan-American Medical Congress which is to meet in Washington has added to its sections one on medical pedagogics, the chairman of which is Dr. D. B. St. John Roosa. The subject with which this section will busy itself is one of the highest importance to the medical profession as well as to the public in general. The teaching of medicine, it is admitted on all sides, is to-day far from having reached an ideal position. In fact, it is a long distance from the goal which should be attained and the improvements made in this particular direction have not kept pace with the advances made in practice and in experimental research and original thought. While the best institutions for instruction have endeavored to approach as nearly as possible the demands that are apparent, numerous circumstances have interposed themselves furnishing obstacles which might be surmounted; but which were not overcome for reasons that appeared amply sufficient to those chiefly interested in the matter.

The reading of text-books and listening to didactic lectures will never make a physician, no more than listening to anatomical lectures will make an anatomist. Even the clinical lecture is an unsatisfactory method of teaching. As medical colleges are constituted at present it is an impossibility in many cases to permit every individual to make a thorough examination. It is impossible to dilate upon every point in connection with a case on account of a lack of time. As a result the clinical lecture becomes in reality an illustrated didactic lecture. We have seen, on more than one occasion, a patient brought in an amphitheatre on a stretcher and the lecture given, the patient removed upon its conclusion and, during all this time, the blanket covering the unfortunate was not even taken off. A clinical lecture implies by its very name a bedside lecture; but, we are asked, how can you instruct a hundred or more seniors at the bedside? This is true, but the original proposition is only made more apparent by this inability and the truth remains that medical instruction such as is given is imperfect and unsatisfactory in its results.

Dr. E. L. Holmes in an address to the Chicago Practitioner's club (*Jour. Am. Med. Assn.*) said that "apprentices learning to be shoemakers, watchmakers and mechanics, do not spend a large portion of their time observing experienced workmen make shoes, watches or machinery. They do not spend hours each day, listening to good workmen 'tell' them how to do certain kinds of work. They commence at the onset to perform the simplest manipulations with simple tools and appliances, and step by step labor, till hand and eye and judgment are educated in all that is required of master workmen." He concludes that the expense which would be entailed upon a college, the large corps of instructors necessary and various other conditions would make the attainment of an ideal in medical education an impossibility. We do not think so. There is a method by which this might be attained but it would entail two serious obstacles. One of these would be a limitation in the number of students, and the other an extended period of time, both of which conditions do not seem to be in the greatest favor at present nor likely to be for some time; or, at least, as long as minimum requirements are so closely adhered to.

To our mind the best plan is the one in which the future aspirant to medical honors serves an apprenticeship. Let the student provide himself with a preceptor and spend a certain portion of each year at a college

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wherein he will occupy his time in dissections and laboratory work. The remaining portion of the year should be under the guidance of his preceptor and devoted to clinical work, to work in which he will have full opportunity of witnessing, aiding, and performing operations. Work which will give him the opportunity of examining patients, of watching their progress under certain lines of treatment and note the result. Assist in and manage, in due course of time, obstetrical cases; in fact, follow all the routine of actual practice and such as is dissociated from hospitals and such as he will be called upon some day to assume upon his own responsibility. Having served a satisfactory apprenticeship of this nature he could then attend a medical college and be in a condition to appreciate and profit by that which was placed before him. He would then be able to discriminate and be more competent to grasp and retain those things which might prove of use and benefit to him. He could pay closer and stricter attention to the special departments of medicine and surgery and would not be driven to the necessity of cramming in order to pass an examination sufficiently well to obtain a diploma. He would make a better student and graduate a better physician.

This plan is, of course, rather ideal, but it is feasible. If all those who desire to limit the output of graduates, who are clamoring for higher medical education, who complain of the difficulty of making a livelihood were to adopt a method of this nature, they would soon see the cause of their complaints cease. This procedure, if adopted, would prove beneficial in other directions as well. The preceptor would be driven to the necessity of keeping himself not only well posted, but abreast of the times. The professors and instructors would also be forced to become proficient not only in their knowledge of medicine or surgery, but in their capabilities as teachers. Pedagogics would then no longer be an idle and meaningless phrase, but one pregnant with vital importance.

As medical instruction is imparted to-day it is not pedagogics. The lecturer, whether he be didactic or clinical, delivers his lecture in a more or less perfunctory manner and then thinks that he has done his duty. If the student has not understood him, it is not his fault, so he thinks. But, we will ask him, should he not teach his subject in such a manner as to make it clear and intelligible to all his hearers. Unfortunately, the retort can always be made that were the students properly prepared beforehand, they would understand. A surgeon requests a senior to sew up a wound, after the operation is performed, and finds it done in a bungling manner. Does he stop to consider the circumstances surrounding the occasion? No, he simply deprives others of the same opportunity as he does not wish his work to go forth looking badly, when it should be neat. Train that same student by gradual steps in actual practice and when he assists, as he should, his teacher he can demonstrate his ability as an assistant and do so with credit to himself, and may be referred to with pride by his instructor.

Medical Text-Books no longer hold the supremacy which was theirs in former days. As is very pertinently stated by the *American Gynecological Journal* the long maintained supremacy of medical text-books as the principal educators of the profession has faded away, and to-day medical journals occupy that high and important position. Text-books are, and will be, necessary for undergraduate study, as they present the various subjects of medicine in a systematic and exhaustive manner, dealing with the fundamental principles of disease and its management, but for the practitioner they are becoming, more and more, books for occasional reference only. What active practitioner makes a thorough and systematic study of text-books? Can he do it? Will he do it? Is it necessary that he should? The time which the active practitioner has for study is necessarily limited. More than this his study is not apt to be continuous. His time is broken in upon. He is interrupted. He has but from ten to twenty minutes, perhaps an hour, for continuous study. Such being the case, he cannot read to advantage the exhaustive descriptions of disease as found in our modern text-books, especially since so many of them have assumed encyclopediac dimensions. He cannot follow the thought of the writer as can an uninterrupted students. These two conditions, viz: The necessity for long and uninterrupted study of text books, and their failure to give the latest and most reliable teachings, force physicians, of necessity to put them to one side and to look to medical journals for short practical, up-to date articles for their instruction. Considerable responsibility is thus placed upon the journals and their contributors. Journals should solicit for publication articles from men of pronounced ability, men whose methods and teachings are known to be modern, safe and correct.

The Woman Physician is beginning to make her presence felt. One of the class in a letter to the *Med. Rec.* speaks as follows:

Inherent womanliness, says Mrs. Lowell, constitutes the chief characteristic of the ideal woman physician. It is upon the womanliness of educated women that is based the strongest argument in favor of placing under their care women who are suffering from disease, either physical or mental, and women who have lost all womanliness. To the strong, to the well, to the good, to the happy, sympathy is not essential. They can live without it. To the weak, the suffering, the crushed and the wicked sympathy is the first necessity. They must have it, or they cannot be lifted and cured. Now the sympathy that one woman can give to another is impossible from a man. The common sympathy that one human being may feel for another under all circumstances will in such an event be perverted by an abnormal mind, and work harm instead of good. To women shut away in insane asylums, prisons and reformatories, for their own care and the safety of others, the ministrations of high minded womanly women are almost a necessity. To have men in exclusive charge of such

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cases is to throw away the strongest influence for good which can possibly be available for the reformation and cure of either prisoners or patients. A woman can know a woman as a man cannot. And a young, ignorant, wayward girl will often conceive for a calm-browed, steady-minded woman physician an extent of devotion that will serve to keep her from wrong through life. No man can stand in such a relation to the girl.

The Pan-American Medical Congress.—The Pan-American Medical Congress that will assemble in Washington in the first week of September, 1893, will, in all respects, be an occurrence of extreme interest and importance to the medical profession of the United States and of all the countries associated in the movement (*Med. News*). It is fortunate that a period has been chosen that will in no way conflict with the meeting of the International Congress at Rome, in the same year. From the latest authentic information as to its last date, the latter meeting will occur in the last week of September. This is, indeed, quite as early a date as would commend itself for a large meeting in Rome. It is evidently in the interest of the Congress that it should be held in the City of Washington. Careful examination of the Meteorological Reports show that the first week of September is usually more cool and agreeable than later in the month. It seems to us of undoubted importance that the entire profession of the United States should co operate in rendering this Congress as successful as possible.

The Christmas Vacation of medical colleges is not such a boon as is supposed by some. A writer in the *Southern Practitioner* in speaking of this states a few things not only applicable to Nashville but to every city wherein a medical college can be found. He states apropos of the above, the opinion has been expressed by many of the best and most advanced students, that a long Christmas holiday is a thief of time. A whole week is quite a break in the short term of twenty weeks. In literary schools and colleges, which run ten months, a long holiday of from a week and a half to two weeks is very acceptable to the student. But in a medical college, where the student needs every lecture and every facility for increasing his fund of medical lore, it seems preposterous to omit one week when only seven more intervene before commencement. To this week of actual suspension of lectures might be added the week previous, which is squandered in anticipation of the delightful yule-tide. During the holiday week, a good many fellows go home. For those who live in close proximity to Nashville, that is very convenient and very pleasant; but for a large number from the Gulf States and from the West, it is very expensive and very unsatisfactory to go home only to to get there and immediately return. The money expended on his trip would be a considerable item in equiping himself for the proper practice of his profession.

Professor Koch, according to the *Physician and Surgeon*, appears to be reaping the whirl-wind. Much indignation is expressed at his last communication. Professor Hueppe asserts that it contains nothing that has not been independently demonstrated at the hands of other investigators; that it deprecates the work of others, and is utterly wanting in anything like a generous appreciation of his co-workers. The British medical press is also somewhat chafed at Koch's disregard of the work done by Cheyne and Hunter. America is not even remembered in a passing reference. That Koch's triumph should excite a certain amount of envy is natural, but it is gratifying to find that "tuberculin" may not be an absolutely futile discovery as far as the therapeutics of phthisis go. The recent experiments of Professor Klebs, with a substance which he calls tuberculocidin, which he has isolated from crude tuberlin, lead him to claim for it the highest value as a specific agent in checking the ravages of the bacilli.

"The Doctor Would Not Come," is considered by some a sufficient indictment to condemn a medical man. Many jurymen seem to be under the impression that medical men are paid officers of the State, and bound to go at everybody's or anybody's call, says the *Lancet*. Mr. Braxton Hicks recently very properly explained to such a juryman at an inquest on the body of a child that doctors were not bound to come when called. And he added when people knew this they would be "more likely to send for a medical man when he could do a person good," instead of waiting till death was threatened. The coroner is quite right. This is not a time for medical men to stand upon their rights or to discuss abstract questions. No profession is more ready than ours with its help and its pity by night and by day. But there is a limit even to medical kindness, to say nothing of the physical limits of strength and time. A little more consideration for medical men and medical service will be amply recognized by the profession. This will be shown in two ways, as the coroner suggested—in calling them in early to save life, and not merely to certify the cause of death, and in paying them promptly and with some regard for their calling.

Preservation of Bromide of Ethyl.—It is a well-known fact that, after a certain length of time, bromide of ethyl is no longer fit for use as an anesthetic unless it be kept in a particular manner. The best method of preserving it is given by M. C. Traub. He states that it should be kept in yellow bottles provided with glass stoppers and containing from 100 to 500 grammes (about ℥iv–xvj). If a cork stopper be used there is a certain amount of decomposition and on that account it should not be used. In addition to this precaution this remedy should be kept in a dark place. Under these conditions it is claimed that the remedy will keep unaltered for a year, even if small quantities be used at intervals.

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Syphilis Insontium.—We have recently seen a paper by Dr. Buret on some of the strange and unexpected ways in which syphilis may be acquired which as a caution to ourselves is not without interest: For instance, a surgeon in the country, one hot summer's day, was called upon early in the morning by a confrere who feared he had an infecting chancre. They were old friends, and the former just leaving his bath had on only trousers and slippers, but called the other into his dressing-room and examined the sore. A few weeks afterward he found himself covered with an unmistakable secondary rash! In the utmost perplexity he sent for Ricord "to find the chancre." The great syphilologist stripped him and after some search put his finger on the small of his back, saying "there it is!" And he remembered that just after pressing the sore on his friend's penis to test the hardness of its base, an itching pimple at the incriminated spot induced instinctive scratching which led to so lamentable a result! Again: a young man returning with a companion from a masked ball commenced in the darkness of the carriage some preliminary investigations. The woman, with rare frankness, told him that she was infected, he desisted and, as he had his gloves on, thought no possible danger was at hand, yet in a few days the caruncle of his eye, which he had inadvertently touched a moment afterward, became the site of a chancre with the usual results.

Guaiacol in Tuberculosis.—In a lecture delivered before the New York German Medical Society (*Notes on New Remedies*) Prof. Max Schueller stated that in pulmonaay tuberculosis he gives children 2 to 3 drops, adults 3 to 5 drops of pure guaiacol, four times daily, stirred in a glass of salt water, milk, bouillon, and for adults also in wine, etc. Guaiacol, on special request of the author, is now produced of as pure a quality as possible by J. D. Riedel (Chemico-pharmaceutical laboratory), in Berlin, is a water-clear liquid, relatively easily soluble, of not unpleasant taste and odor, and readily borne of all patients. This guaiacol can be obtained of Lehn & Fink, New York, who are the American agents of J. D. Riedel. Prof. Schueller has entirely abandoned the pill-form for guaiacol, and considers it altogether unsuitable. He also considers it less practical to dispense the remedy in capsules than by the aforementioned simple method. If necessary to take in capsules, he recommends that the patient drink some liquid, about an ordinary tumblerful, immediately before and after taking. If administered as previously described he found that his patient took guaiacol regularly for many months, to a year and a half, without untoward effect. He directs his patients (pulmonary tuberculosis) where necessary to occasionally take expectorants, digitalis, and antipyretics with the guaiacol, the use of which latter must never be interrupted. These adjuncts are especially necessary when commencing the treatment, as only after continued use of guaiacol it indirectly acts favorably by reducing the fever. In many instances he administers by inhalation, employing weak aqueous guaiacol solutions (5:3000 up to 5:5000), or turpentine with camphor, etc. These inhalations must be constantly controlled by the physician, and over-exertion in inhaling must be strictly avoided.

Diphtheria of Systemic Origin.—Mr. T. S. Benson believes that diphtheria takes its origin in a systemic infection (*Can. Pract.*). He cannot see any ground for the idea of local infection, and feels confident that the man who attempts to check or cure diphtheria by local treatment will miserably fail. The only way to treat diphtheria is to do it in the same way as any other self-limited febrile disease. Maintain the general health by tonics (particularly the tincture ferri chlor.), nourishment, and the free use of stimulants. Try to steer clear of the quicksands of blood poisoning by endeavoring to preserve an aseptic condition of the exudation by antiseptic spraying. (He prefers the peroxide of hydrogen). The only benefit that can possibly result from local treatment is the preservation of the exudation in an aseptic condition until the crisis is past, when it will, in due time, be cast off. Blood poisoning cannot take place without decomposition; therefore if we can prevent one we certainly prevent the other. All applications should be soothing, but strictly antiseptic. The atmosphere of the room should be kept saturated with the vapor of eucalyptol, carbolic acid, and turpentine. This treatment is virtually the same as applied to all self-limited diseases, namely, piloting, keeping a strict watch ahead, endeavoring to avoid shipwreck, which, unfortunately, is sometimes impossible, and our patient passes away in spite of all our efforts to save him.

The Parturient Woman's Bed.—The following advice is given in the *American Gynecological Journal:* Commence with a good, firm mattress; eschew feathers. Cover the mattress, if you please, with a rubber sheet and over it spread the cloth sheet. Have the patient wear, in lieu of a night-gown, a short sack scarcely reaching the hips. After she takes her bed, place under her hips a pad of absorbent cotton, covered with cheese-cloth, about thirty inches square and one inch thick. Place a similar pad, folded, under the small of the back and resting upon the upper margin of the first pad. The pad under the hips will absorb all the fluids incident to labor, while the one under the back will prevent fluid creeping up to the patient's shoulders. After labor, withdraw the pads. With them will come all the fluids, and the patient, with no annoyance or

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trouble, finds herself in a clean and dry bed. Now place a pad eighteen inches square under the hips and one two inches in diameter and seven or eight inches long against the vulva, to absord subsequent discharges. Burn the soiled pads; they are cheap. Pads or accouchement sheets can be purchased ready made, as can the vulvar pads. The vulvar pads should be changed as soon as they become soiled. The large pad placed under the hips after delivery can remain for from twelve to twenty-four hours, after which time the vulvar pads will be sufficient to absorb all discharge.

Evils of Micturition against Walls.—Dr. Alfred Carpenter in an interesting paper on the use of sewage (*Sanitarian*) states that there are several denunciations in Holy Writ, usually omitted in our public services, against those who pollute the walls of the city by micturition. No one can pass along the streets of any town or village in the kingdom after ten o'clock at night, and especially after the public house closing hour, without witnessing the continuance of this act in our own time. He cannot exaggerate the evil, or say too much to draw the attention of local authorities to the mischiefs which result from the continuance in our cities, towns, and villages, of this indecent habit. Its denunciation in Scripture is not, in his opinion (as generally supposed), intended to indicate a judgment upon the people at large, but for the purpose of pointing out a breach of sanitary law in which the drunkard and the profligate indulged in Israel, as much as they do in Britain (or America) to-day. By this act the passer-by soon after may inhale a material capable of providing a forcing bed for disease germs, and allowing of the production of some of those forms of influenza and other catarrhal disorders which are so puzzling to the student in the etiology of epidemic disease, and are often the basis on which is established organic disease. These offences against decency are offences against the health of the community, and are taking from the nation a power to return to agriculture that which is required for the nation's welfare, for the larger part of the agricultural value of sewage is found in the urine. The denunciation of this act in Scripture is therefore called forth by a disobedience to hygienic law. The habit helps to spread infectious disease. It also prepares the way for famine by removing from their proper place ingredients required for the nourishment of plant life in their most available form.

Treatment of Ganglion.—Dr. Geo. F. Dunham gives the following in the *Medical Summary*: Operative measures are the only certain ones. The simplest and oldest is to either rupture the cyst by forcible pressure of the thumbs or with a smart blow with a book, the patient's hand being extended, or thrust a small tenotomy knife or cataract needle into the sac, and move it freely about, in order to thoroughly divide it; or to make incisions in the walls of the ganglion, exciting sufficient inflammation to cause the parts to adhere. Then bandage firmly for a time. A cure may occasionally result from the internal and external use of benzoic acid—internally 2 to 5 drops three times a day of a dilution of benzoic acid; externally use:

℞ Benzoic acid, - - - - - gr.iij.
Glycerine cerate, - - - - - ℥j.

To be will rubbed in, morning and evening; or use the following:

℞ Biniod. merc., - - - - - gr.ij.
Adipis preparatæ, - - - - ʒij.

M.

Sig.: Apply morning and evening.

Difficulties of Curing Urethral Blennorrhagia.—In a paper on this subject, Jose P. Gayon arrives at the following consoling conclusions (*Satellite*):

1. It is a specific parasitic affection.
2. It is almost impossible to completely destroy the germ of the disease.
3. It is likewise impossible to obtain complete asepsis of the lesion produced by this germ.

Corneal Wound with Prolapse of Iris.—Dr. Allen Greenwood gives the following as his conclusions (Boston *Med. and Surg. Jour.*) in the treatment of cases of this nature:

In all cases of marginal wound of the cornea with protrusion of a portion of the iris, where the protruding iris can be successfully replaced, some myotic should be used.

In cases, however, where the protruding portion has to be snipped away and especially where the wound is large and lacerated, some mydriatic should be used from the start to secure ultimately as large a pupil as possible.

An exception might be taken to this last in cases where it was evident that the lens was injured, and where a small pupil would render the subsequent cataract less conspicuous; but then there is the objection, that if a cataract-extraction becomes necessary, from subsequent loss of the other eye, it would be apt to be less successful than if the pupil were large and the iris less adherent.

Of course, every case has to be treated on its own merits, and it would rarely happen that two cases would present exactly similar conditions; but the point he wishes to emphasize is, that, in cases of marginal wound in the cornea, the rule of always using a myotic should not be too blindly followed, and thinks the use of a myotic in one of his cases was a mistake, and that a better result would have been obtained by the use of atropia.

Pyelitis and Nephritis Caused by Urethritis.—Dr. John W. S. Gouley states (*N. Y. Med. Jour.*) that pyelitis and nephritis very rarely occur in consequence of acute urethritis and are generally indirectly caused by urethritis—that is to say, they are among the ill effects of imprudent treatment, such as

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the long continuance of balsamics in excessive doses, particularly copaiba balsam, which has been known to cause acute parenchymatous nephritis and pyelitis, and finally chronic diffuse nephritis with albuminuria. Balsamics can not be too cautiously employed in the treatment of urethritis. The use of copaiba, or any other balsamic, should be discontinued, and on no account resumed, in the cases which show their susceptibility to its toxic effects by a profuse exanthem, an urticaria, or a papular eruption on the face and body. These are the cases which are likely to be complicated with nephritis. Some observers think they have detected a mild subacute pyelitis in the majority of cases of urethritis, whether acute or chronic. May not this pyelitis be owing to the heroic treatment too often employed in the management of the several types of urethritis?

Early Detection of Pregnancy.—Dr. R. L. Dickinson claims (*Brooklyn Med. Jour.*) that he can determine pregnancy at a very early period. According to him the most distinctive changes in early pregnancy are bulging and elasticity of the upper part of the uterus. When the bulging is posterior, it is usually very distinct, resembling a ledge. Of his cases, the changes were demonstrated, and the cases diagnosed as pregnancies, one on the sixteenth day after a single coitus, one case on the nineteenth day, one on the twenty first day, several between the twenty-second and twenty-fifth. He knows perfectly well that the spermatozoa may lie some days waiting for the ovum, and that the ovum may remain some days before it may meet with the spermatozoa, also that impregnation usually occurs in the tube, and then that the ovum must slowly travel into the uterus and find lodging, and therefore we would have to subtract ordinarily some days from his statement. For instance, a case of pregnancy nineteen days after coitus we might have to report as only twelve days pregnant, but he takes it in such a case, where the uterus distinctly enlarges as early as the nineteenth day after a single coitus, that impregnation of the ovum must have occurred in the uterus, in order to permit the enlargement to have occurred so rapidly.

The main point which he wishes to emphasize is, that the elasticity, resiliency and bulging of the body of the uterus are far more valuable as signs of pregnancy than the compressibility at the junction of the body and cervix (Hegar's).

Maximum Doses for Children.—The following table from *Merck's Bulletin* will be found to be very handy for reference by our readers. It is based upon the Pharmaceutica Clinica of von Ziemssen. Where not otherwise specified the mixtures are based on the United States Pharmacopeia. Where no dose is given the remedy should not be administered to a child under 12 years:

Remedy.	Years. 8	5	3	1½	Under 1
	Grains or Minims.				
Acid, Tannic (Tannin)	½	1/6	1/6	1/6	1/12
Antifebrin,	3	2½	1½	¾	½
Antipyrine,	12	9	6	3	1½
Apomorphine Muriate,	1/20	1/32	1/64	1/64	
Atropine Sulphate,	1/200	1/333	1/640	1/640	
Camphor,	⅝	½	⅛	⅛	1/6
Chloral Hydrate,	9	9	7½	4½	1½
Copper, Sulphate,	6	4½	3		
Digitalis, Leaves,	6	4½	3	1½	
Dover's Powder,	½	1/6	1/12	1/20	1/64
Iodoform,					
Ipecac, Root,					
Iron Lactate,	¾	½	⅛	1/6	
Iron Oxide, Sacch. Ph. F.,	¾	½	⅛	1/6	
Levant Wormseed,	45	30	15	7½	4½
Mercury, Mild Chloride,	⅝	½	⅛	1/6	1/6
Mercury Iodide (Green)	1/6	1/10	1/12	1/20	1/64
Morphine Muriate,	1/12	1/32	1/64	1/120	
Morphine Sulphate,	1/12	1/32	1/64	1/120	
Musk,	⅝	½	⅛	1/6	1/6
Oil, Turpentine,	9	7	5	3	2
Ointment, Blue,					
Opium,	⅛	1/6	1/12	1/32	
Phosphorus,	1/200	1/640	1/640		
Pilocarpine Muriate,	1/12	1/20	1/64	1/120	
Pomegranate, Bark,					
Potassium Bromide	15	15	7½	4½	3
Potassium Chlorate		4½	3	1½	
Potassium Iodide,	3	1½	1	½	1/6
Quinine Sulphate,	12	9	7½	4	¾
Quinine Tannate,	12	9	4	¾	½
Santonin,	¾	½	⅛	1/6	
Silver Nitrate,	1/6	1/10	1/12	1/32	1/64
Solution: Potass. Arsenit.,	2	1	1	1	
Syrup: Iron Iodide,	5	3½	3	1½	½
Syrup: Soluble Sacch.,	35	25	12	12	6
Tincture: Nux Vomica,	2½	2½	1½	1	½
Tincture: Opium, Camph.,	10	8	5	4	2½
Tincture: Opium, Simple,	5	4	3	2	½–1
Tincture: Squill,	12	7½	5	2½	¾
Water: Bitter Almond Ph. G.,					
Wine of Antimony,					
Wine of Colchicum-seed,	6	4	2½	1½	
Wine of Ipecac,					

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Ulceration of the Mouth in Lead Poisoning.—Dr. Osmund Stedman, has recorded a few notes on this subject because it does not seem to be mentioned in the ordinary text-books as one of the symptoms of lead poisoning (*Med. and. Surg. Rep.*). His attention was first directed to ulceration of the mouth as a symptom in this disease by a friend who had two cases in one family, both children, who each had a crop of small ulcers in the mouth, and on having the drinking water analyzed it was found to contain a considerable trace of lead. In April of this year he was called to see a child about two and a half years of age, which was feverish, temperature 100.4°, and had six or eight small ulcers in his mouth which are best described as "phlyctenular." They were situated on the inner sides of the cheeks, some opposite to where there were teeth, and some further back, so that they did not appear to bear any relation to the teeth. The ulcers consisted of red excoriated spots varying in size from that of a pin's head to that of a hemp-seed, each surrounded by a small halo of whitish swollen mucous membrane. The child was constipated, and except the fever had no other symptom to note. The following day the child vomited several times, and had frequent attacks of griping pain in the abdomen (colic), during which he screamed and drew up his legs. These symptoms, of course, clearly pointed to lead as the cause of the trouble, and on analyzing the drinking water it was found to contain a considerable trace of lead, the source of the contamination being rain water stored in a lead-lined tank. There was no blue line present at any time, and on removing the cause of the trouble the patient rapidly got better, the treatment being directed to relieve the constipation by enemata, and the colic by small doses of opium. It would seem, therefore, that in cases of ulceration of the mouth in children one should look carefully for lead poisoning as a possible cause.

Sulphurated Lanolin.—According to one of our exchanges, Seibel of Germany heats together crude lanolin with 20 per cent. of sulphur to a temperature of 120° C., until the greater portion of the sulphur becomes dissolved. The decanted dissolved portion is heated to 230° C., or until hydrogen sulphide vapors begin to evolve. The product is of a dark brown color, and will be used in the manufacture of sulphur soap principally. Seibel obtained a patent.

Anthrax and Equinia Infection.—In a paper on the diseases with which physicians may be infected, in the course of their duties (Boston *Med. and Surg. Jour.*) Dr. James C. White has the following to say:

Anthrax.—The former, or splenic fever of horned cattle, sheep, horses and rabbits, is capable of causing internal general anthrax in man by inhalation of the infectious material, the bacillus anthracis, as wool-sorters' disease, without any accompanying cutaneous manifestations, as well as the so-called malignant pustule, by direct inoculation, as seen in butchers, grooms, tanners, skin-dressers, and the like. It is apparent that the veterinary surgeon is also liable to acquire the disease by the care of affected animals, or by post-mortem examinations of the same. It is also evident that the physician may become inoculated by the dissection of patients who have died of the disease, but a question of more general interest is whether he may become infected by contact with its external forms upon man. He finds no record of such transference from patient to physician, but he sees no improbability in its occurrence.

Equinia.—In glanders also we have a bacillus disease which is readily transferred from horses and asses to man, and from the latter to animals again by inoculation. As it not infrequently affects grooms, so, too, the veterinary surgeon is especially in danger of acquiring it. The virus may also be received by driving behind an affected horse, through contact of the spray from the beast's nostrils with the mouth or eye. In the acute form of farcy in man only about one-third of the cases recover. A few instances are on record where it has been transferred from man to man. It is possible, therefore, that the physician may be inoculated during attendance upon a patient.

The Grip-Lung.—The grip-lung, according to Elliott, has a long and very varying condition of passive blood stasis unaccompanied by rales. If resolution occurs within three or four days, it is accompanied by large mucous rales, and no time is given for the slow appearance of bronchial breathing or bronchophony; but during the long continuance of the blood stasis, an exudation occurs, increasing slowly, which will give, in time, some bronchophony and bronchial breathing, but never so complete as in pneumonia. Resolution never occurs in these cases with the suddenness that characterizes it in acute pneumonia the condition passes off as gradually as it formed. The sharp, clear cut and sudden phases of the pneumonic attack separate it clearly from the obscure, irregular and slow phases of the grip-lung.

Rupture of the Duodenum.—Dr. R. Heelis states in the *Lancet* that rupture of the duodenum is said by Mr. Morris in Treve's Surgery to be of rare occurrence. Out of sixty-four recorded cases of ruptured gut only four were in that situation. Erichsen, on the other hand, considers it the most common position for a rupture, and accounts for this, first, by the fixity of that part of the gut and its consequent inability to escape pressure against the spine; and, secondly, by the fact of its not being protected by the costal cartilages. Bryant says rupture of the duodenum is very rare, but that it is most common at the upper end of the jejunum, on account of its fixture to the duodenum. In view of this diversity of opinion, a report of a case of rupture of the duodenum which he recently examined may be interesting. A boy aged 16 years, whilst playing about on the bank was caught between a post and a tub drawn by a horse, the side of the tub hitting him in the right loin

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and forcing his abdomen against the post. In his belt he wore a bull's eye lantern which caught against the post and was doubled up by the force of the collision, and driven against his abdomen and right groin. He fell down screaming with pain. Three or four hours after the accident, when seen, he was lying in bed on his left side with his legs drawn up, groaning. He was not collapsed, and had a steady pulse; the abdomen was rigid and concave; there was a slight swelling in the right groin; no bruise in the loin or over the abdomen. He had vomited once; there was no blood in the vomit; he had also passed urine, which did not contain blood. The principal tenderness was just above the right groin. He was given full doses of opium, under which the pain disappeared to a great extent. He passed a fairly good night, but had vomited once or twice. He had walked down stairs. His pulse was good; his abdomen not distended; chief tenderness above the right groin. Vomited bilious matter during the day, but ceased vomiting after he had had some ice. During the following night he died comatose, thirty-seven hours after the receipt of the injury. On post-mortem the duodenum was found to be ruptured, and in such a manner that a laparotomy could not have helped him.

Stricture of Rectum.—Dr. Chas. B. Kelsey classifies stricture of the rectum as follows:

- Congenital.
  - Complete.
  - Partial.
- Acquired.
  1. Spasm.
  2. Pressure from without.
  3. Non-venereal
     - a. Dysenteric.
     - b. Tubercular.
     - c. Inflammatory.
     - d. Traumatic.
  4. Venereal.
     - a. Ulceration (either chancroidal, secondary, or tertiary).
     - b. Due to unnatural vice.
     - c. Neoplastic. (Gummata. Ano-rectal syphiloma).
  5. Cancer.

Vicarious Menstruation.—In a paper upon this subject, Dr. J. M. Withrew says (*Am. Jour. Obs.*) that the most frequent point of election for the vicarious hemorrhage is the mucous membrane of the nose. Next comes the stomach, then the intestinal canal, the conjunctiva, retina, and the ear. The skin sometimes is the point of discharge, and under this category comes that rare condition of hematidrosis—blood-sweating. This phenomenon is a curiosity of leakage mentioned by Aristotle, but some well-authenticated modern cases are reported by Barnes, Van Swieten, and Gendrin. The throat, the lungs, the nipples, old ulcers, the bladder, the stump of ovarian tumors, etc., have contributed as sources of vicarious discharge. When we realize the periodical engorgement of the circulation, and such conditions of the uterus—whether natural or acquired, whether the result of deformity or disease—as prevent the relief of the vascular pressure, we must consider any form of vicarious safety valve which furnishes the necessary vent as a natural and wise conservatism.

It is in this consideration that we find the proper indication for treatment. Generally speaking, no effort should be made to stop a vicarious hemorrhage until the womb has been put into such condition as to freely relieve the catamenial vascularity. Where menstruation has at some time been uterine there is hope that the function may be re-established. It is here we should have recourse to all procedures which will promote the endometrial issue. Stimulating the uterus by proper emmenagogues, electricity, and the application of heat; abstracting blood from the cervix by cupping, scarification, or leeches, is indicated at such time as the menstrual cycle has reached its flood tide of pressure. Only when the resumption of function by the uterus has fully occurred, or in cases of supplemental vicarious hemorrhage, is treatment of the local point of abnormal issue indicated. In cases of hemorrhage due to generally increased pressure, such systemic hemostatics as ergot, gallic acid, hydrastinin, etc., are to be employed. Either in addition to these or instead of them, local astringents or styptics may be employed when the source of bleeding is within reach of topical treatment. For instance, alum or iron may be applied to the gums or Schneiderian membrane, if necessary, or nitrate of silver with acetate of lead exhibited in cases of hematemesis.

Toxic Action of Impure Chloroform.—The researches of Dubois-Reymond on this subject have been very thorough. He finds (*Brit. Med. Jour.*) that the special result of the investigation, that is, the difference found between the physiological action of pure chloroform as opposed to that of the impure residue, is as follows:

1. No difference was found in the shape of the pulse waves nor in the frequency of respiration, the former being equally affected by both drugs, the latter varying freely.

2. The pulse rate, compared in nineteen cases, is higher at the close of the experiments with residue than of those with pure chloroform.

3. The blood pressure in by far the greater number of the experiments at the moment the respiration stops is higher after inhalation of pure chloroform than after inhalation of the impure residue.

4. The residue causes stoppage of respiration much more quickly than pure chloroform.

Intestinal Obstruction from Meckel's Diverticulum.—Oderfeld publishes in the *Gazeta Lekarska*, says the *Lancet*, the particulars of an operation for acute obstruction of the bowel caused by the presence of Meckel's diverticulum. The distal end of the diverticulum had become attached to the mesentery, thus forming a loop through which a coil of intestine

had slipped. The excessive formation of gas in the bowel had compressed the knuckle of intestine and caused it to become fixed. The author, in performing laparotomy, freed the incarcerated coil by separating the adherent end of the diverticulum, and to prevent a relapse he removed the latter by a circular incision at its base. The patient recovered. Oderfeld also discusses the mechanism, pathology, and the various causes of this form of obstruction, and states that no case is known in which the cause of the obstruction was diagnosed before the operation. Two symptoms, however, possess a certain diagnostic value. When obstruction occurs in a patient suffering from harelip or some other congenital deformity, the former is probably due to the presence of Meckel's diverticulum. It is also important to have the history of the patient's early life. When during the latter an umbilical fistula has existed with fecal discharge, which, however, has occasionally healed voluntarily, the same conclusion may be drawn.

Hiccough and Compression of the Phrenic.—A novel method of combating persistent hiccough was recorded by M. Leloir at a recent meeting of the Academy of Sciences (*Lancet*). Some years back he was consulted by the parents of a little patient who was the subject for over a year before of a persistent and distressing hiccough, which recurred every half minute or so, and which had resisted every plan of treatment. M. Leloir then conceived the notion of compressing the phrenic, which he did between the sterno-clavicular attachments of the sterno-mastoid muscle. The compression was digital, and continued for three minutes, causing, however, considerable pain. As a result, the hiccough disappeared entirely, and has not recurred. Since then he has adopted the plan in several other cases of the kind, and always with complete success. The method is simple enough, and can be put in practice by anyone, and is, besides its utility, interesting as an example of the successful application of the researches of Brown-Sequard on inhibition.

Scissors-Legged Deformity.—Mr. Bernard Pitts showed the Clinical Society of London a case to illustrate the after-treatment for double ankylosis of the hip, or scissors-legged deformity (*Lancet*). The boy was nine years of age, and came under his care a year ago. The left thigh was ankylosed in front of the right, and he could only shuffle along on his toes. The ankylosis was osseous, and was the result of inflammation following a fall four years previously. He had been treated by extension in the Leicester Infirmary. Mr. Pitts first made a section of the left femur below the trochanters, and fixed it in a straight position. He then took a wedge out of the neck of the right femur, but this procedure was followed by suppuration and necrosis, necessitating the excision of the head of the bone. Movement had since been kept up on the right side, and the boy for the last month had been able to walk.

Springfield, Ill., Letter.

Editor MEDICAL REVIEW.—The Capital District Medical Society held their first tri-annual meeting at Springfield, Ill., Jan. 21, 1892. It was attended by a delegation from Jacksonville, Decatur, and neighboring towns.

Dr. T. A. Wakely, of Jacksonville, the President of the Society, occupied the chair, and the proceedings of the meeting were recorded by the Secretary.

The program was the same as given in my last letter, with the exception of "Report on Medicine," which was not given; its place being taken by a paper "On Cerebral Localization." As the papers were too long and valuable to pass over with a brief summary, I will give a synopsis of each in due course.

DETAILS IN SURGERY.—Synopsis of a paper read at the Capital District Medical Society by Dr. I. N. Hairgrove, Jacksonville, Ill.

In opening his paper he quoted the words of an eminent surgeon who said: "Brilliant operators are not always the best surgeons;" and that the best results in surgery follow the one who is most painstaking in carrying out the minutest details. Next he dwelt on the fact that in the treatment of wounds it becomes the surgeon's imperative duty, not only to unite the surface of wounds accurately and neatly, but to unite, whenever it becomes necessary, tissues of the same anatomical structure,and physiological function. Divided nerves, tendons, muscles and fascia, must be separately conjoined with buried sutures before the external wound is united with the ordinary interrupted or continuous suture.

The after-treatment in securing physiological rest and the control of pain, of which Hilton has so admirably written, may be considered as a part of the detail, which the skilful operator too often forgets while felicitating upon a brilliantly performed operation.

On the subject of anesthesia he truly said that this very important duty is too often left to an unexperienced assistant or even a nurse.

Farther than the technique of surgical procedure; far more important and mighty are the details of aseptic and antiseptic surgery—these points have been so thoroughly discused in our own recent text-books, and have been so clearly laid down that a summary of them may seem prolix and tiresome.

The further studies and researches in bacteriology however are constantly bringing out new facts and it may be stated as a conscientious belief that however well understood few operators practically apply the rules of asepsis and antisepsis in all their thoroughness

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so rigidly, as to entitle it to the name. They believe, but do not practice it.

The term cleanliness has but a relative meaning, *i. e.*, "the grimy handed schoolboy having smeared his hands with mother's bar of rosin laundry soap, and given a few rubs in alkaline water, believes them as clean as the daintiest schoolgirl's. Surgically clean, then may stand high or low upon the scale between absolute known absence of pathogenic germs, and the presence of faith in any quantity, according to the tests applied by those of whom evidence is taken. How are we to know?

By the daily resort of bacteriological tests in the laboratory, without which the surgeon is left in the region of uncertainty and doubt.

Briefly the hands and arms are washed and rendered aseptic by the different antiseptic solution, instruments are to be sterilized, and the operative field rendered aseptic, after which we are ready for the operation.

Since the science of bacteriology is set upon so firm a basis we may look back over the barriers then surmounted into the foggy mysticisms and guess works of the past.

He said the pavilion hospital, Am Urbens, at Berlin, is more elaborately supplied with a bacteriological outfit than any other hospital known; no patient comes to the operating table in which any part in detail in diagnosis or in fitting him for the operation has been omitted.

In accord with the investigations of Prof. Leopold and others disinfection of the surgeon's hands can not be made perfect except by careful washing with warm water, soap and stiff brush for five minutes, followed by the same process with sublimate 1 in 2,000 for three minutes, after which all trace of soap and oil are removed from the skin by alcohol or ether, applied for one minute, and further rinsing in corrosive suhlimate solution of 1-1,000 for one minute. With this sort of preparation the hands may be freely passed into the abdominal cavity and with the same safety as the cleanest instrument. The doctor ended by saying the knowledge of the every day working and exact application of bacteriology is necessary, and a bacteriological outfit is an indespensable compliment to the ordinary surgical armamentarium.

Considerable discussion followed, and the use of sapolio was highly spoken for cleaning instruments.

Springfield, Ill. S.

A Case of Rheumatism.

Editor MEDICAL REVIEW.—A few weeks ago I was called to see a case of inflammatory rheumatism, the patient being a woman aged 24 years; she had four children. Her countenance wore a pale, care-worn expression; her tongue was coated; her bowels constipated; she had pain in the small of her back; the arms and legs were swollen to an enormous size and she could not move them and had to be lifted out and in bed. Her first attack occurred five years ago and she lay suffering for nine weeks. I used counter-irritation by applying a small blister of cantharides over the joints changing them from one to the other. I then gave her Prof. Waugh's anti-constipation pill which is as follows:

℞ Ext. aloes purif.,
Ext. nucis vom., - - - aa gr.x.
Podophyllin,
Oleoresin capsici, - - aa gr.ij.
Sacch. lactis, - - - - - q. s.
M. Ft. in tablet No. xx.
Sig.: One daily at breakfast.

Also gave her internally, the following:

℞ Vini colchici rad.,
Syrup. simplicis,
Chloroformis, - - - - aa ʒij.
Aquæ, - - - - - - ℥ij.
Morphiæ sulphat., - - - gr.vi.
Ferri et ammon. citrat.,
Potassii iodidii, - - - aa ʒiv.
Magnessiæ sulphat., - - - - ℥j.
M.
Sig.: One-half teaspoonful three times a day in water. No tea, coffee, or acids of any kind.

WILL EDGAR HOLLAND, M.D.

Fayetteville, Pa., Feb. 4, 1892.

Atrophy Caused by a Pessary.

Editor MEDICAL REVIEW.—Last August I was consulted by Mrs. H., age 40, for progressive atrophy of the right buttock. There was considerable pain in the entire limb along the course of the sciatic nerve. The trouble was first noticed about five years ago; she consulted several specialists who failed to find the cause or check the atrophy. The lady is very intelligent and highly educated; she had given her case much thought, with negative results. I found her in excellent health in every way except the atrophy, pain in limb and quite obstinate constipation.

The right buttock over the exit of the sciatic nerves was atrophied sufficient to receive a large saucer into the depression.

The thigh was not atrophied to speak of, but the calf was one inch smaller than its mate.

The left side was all right. Could not detect evidence of spinal disease present or past.

After asking her a great many questions I learned she was wearing a large pessary for prolapsus of the left ovary. She had worn it constantly for about seven years. It caused but very little irritation; there was a slight leucorrhea. Not finding any other cause for the constipation, atrophy, pain and weakness of the limb, I advised her to remove the pessary and note the result.

I don't remember of ever having read of such a possible cause for atrophy. I could not induce her to take medicine of any kind. I gave her a small Faradic battery with instructions how to use; also advised massage. In two months she was much better; now she is practically well. She can walk long distances before

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being reminded of any pain in the limb. The atrophy has almost disappeared; there is only an eighth of an inch difference between the two limbs. It would, therefore, appear that the pressure of the pessary on the rectum and sciatic nerves was ths cause of the atrophy. She still uses enemas for the constipation. I have suggested the use of a rectal electrode to overcome the constipation, which she may try later on. If this case should prove as unique to some of your readers as it has to me, I shall feel myself repaid for the slight trouble of reporting it.

Respectfully,
L. R. MARKLEY, M.D.

Whatcom, Wash.

Triple Thought.

Editor MEDICAL REVIEW.—The following triple thought is suggested by the "amusing case" reported by Dr. Wenning found on page 73 of the REVIEW for January 23d: The bride had a very large finger, the groom a very small penis, or the doctor a very vivid imagination. SUBSCRIBER.

Iritis and Conjunctivitis.—Dr. Thompson in presenting two cases spoke as follows (*Times and Register*):

We have two typical cases. Here is iritis, which is getting well. Notice the circumcorneal zone; that is a mark that the case is one of intraocular inflammation, and not of the conjunctiva alone. This other man is a typical case of double conjunctivitis. It looks like a much worse case than the first; but all that is needed in its treatment is a weak astringent solution; alum gr. ij to ℥j of water, with something to keep the edges of the lids from stricking together.

One or two clinical points: Conjunctivitis is an inflammation of the external covering only, and is attended with very little pain; simply a feeling as of sand in the eyes. The other is a specific intraocular inflammation, affecting one, not both eyes, and differs from conjunctivitis as pleurisy differs from erysipelas on the chest. It is a dangerous form of inflammation, and, as it has a specific background, we must treat with mercury, and keep the pupil widely dilated with a mydriatic, in order to prevent the iris from becoming adherent to the anterior surface of the lens.

Hospital for Epileptics.—The Governor of Massachusetts has sent a message to the House recommending a State institution for adult epileptics, with the report of the committee of the Massachusetts Medical Society appointed to consider the matter. The State Board of Lunacy and Charity has indorsed the recommendation. In conclusion, the governor says: "In my judgement, the facts and reasons stated in the communication entitled the recommendation to your early and favorable action. I specially commend the suggestion that the institution, if established, should be in the form of cottage hospitals."

Peripheral Neuritis, or Possible Lesion of the Posterior Nerve Roots.—Dr. W. M. Leszynsky presented to the N. Y. Neurological Society a patient with the following history (*N. Y. Med. Jour.*): A woman, fifty-three years of age, while trying to raise a heavy weight had injured the shoulder joint. Neuritis of the brachial plexus had developed within a few days. When she had first come under treatment, nearly six months after the accident, she had been suffering from extreme pain and tenderness in the course of the median and musculo-cutaneous nerves. There had been no circumscribed paralysis, but a general weakness of the entire limb. The pain had been relieved by treatment. Within two weeks the entire extremity had gradually reached a condition of complete anesthesia, including loss of muscular sense. Subsequently the adductor pollicis and the flexor longus pollicis had become paralyzed. This paralysis had disappeared, however, within ten days, and simultaneously there had been a restoration of all forms of sensibility, including the muscular sense, over the thenar group of muscles and the entire thumb, the rest of the limb remaining anesthetic. There had been diminished faradaic irritability in the thenar, hypothenar, and interossei muscles. Any hysterical element could be excluded. He thought the diagnosis rested between a peripheral neuritis affecting the sensory nerve branches and a possible lesion of the posterior nerve roots.

Dislocation of the Head of the Fibula.—Dr. L. A. Stimson presented to the N. Y. Surgical Society a man, twenty-three years of age, who had been admitted into the House of Relief, Chambers Street, on the 26th of October, about an hour after an injury to the left leg (*Ex.*). The patient, while hauling a heavy box, had slipped, and had then found himself unable to walk. There was no external evidence of violence, but a very marked prominence on the outer side of the upper part of the leg. Examination showed that the head of the fibula was dislocated outward and forward. All attempts at reduction by manipulation failed. The speaker therefore made an incision over the dislocated head of the fibula and then endeavored to pry the head of the bone back into place with a periosteum elevator. After further division of a strong fibrous layer running from the head of the fibula to the front of the tibia the reduction was effected. The wound united primarily, and the patient was discharged in a week. The injury was a very rare one, some eight or ten cases only having been chronicled. The speaker had already presented a similar injury to the society. As to the mechanism

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of the luxation, he was in doubt. It might arise through traction by the anterior and peroneal group of muscles, or possibly through the pressure of the astragalus against the lower end of the fibula.

Fibroid Diseases of the Heart.—Dr. A. L. Loomis read a paper on this subject before the Medical Society of the State of New York (*Med. Rec.*). He described the changes found in two illustrative cases, both of the patients having suffered from precordial distress and died suddenly. The fibroid change was present in the left ventricle in plates replacing the heart-muscle in parts, in other parts the fibroid changes had replaced certain muscle-fibres, and other fibres were about to undergo a similar change. There was fibroid change in arteries also, especially of branches of the coronary artery. There was no evidence of the fibroid change being secondary to inflammation in the endocardium or pericardium. The kidneys were typical in these two cases of the early stage of renal fibrosis.

When he began investigating the subject he entertained the common opinion that a diagnosis could not be made during life; that the clinical picture was that of valvular disease when compensation ceased. He now believed the diagnosis could be made, based on the loss of cardiac rhythm, which came early, never entirely disappenred, and could not be restored by cardiac tonics. Digitalis and other like stimulants did no good, but were likely to do harm. The cause was defective nutrition, through toxic blood, toxic influence on cardiac nerves, change in the arterioles of the coronary artery, which seemed to be always present, and trauma. Preventive treatment consisted in milk and vegetable diet, promoting oxidation by free air and exercise, remove nitrogenous waste, etc.

A Canula in the Trachea 28 Years.—At a meeting of the Berlin Laryngological Society, Dr. G. Lewin presented a patient (*Deut. Med. Woch.*) upon whom he had performed tracheotomy in 1864, and, who has worn the canula ever since. She bears it very well when quiet, but when she dies down to sleep it must be placed in a horizontal position. But few cases are found recorded in which a canula has been worn over ten years. In Lewin's case the patient has never had pneumonia, nor bronchitis, nor has she experienced ulceration of the mucous membrane, or detachment of that structure. Long retention of tracheotomy canulas have been reported by Nelaton, Hansen, Krishaber, Walther, and Gaedeke, the case of the last being syphilitic excrescences. We had a case in which a canula was worn for several years on account of stenosis of the larynx due to lupus.

Fracture of the Head of the Radius.—Dr. Stimson presented to the New York Surgical Society (*N. Y. Med. Jour.*) a patient who had come under his care with a fracture of the head of the radius. This was, the speaker said, quite a rare accident, some eighteen cases only having been reported, of which three had come under his own care. The injury had been produced in this case, as in most of the others, in the course of a backward dislocation of the bones of the forearm at the elbow. The patient, in trying to save a child from falling, had sustained an injury which had been diagnosticated as a dislocation. He had remained under treatment for about two weeks, and had then come under the speaker's notice. Upon examination, there was found a prominence at the upper aspect of the elbow, and this seemed to be a portion of the head of the radius. An operation had verified this opinion. The specimen he presented as an example of a rare injury and to draw attention to the good results which had followed its removal. At the time of the operation the patient had lost the power of flexion and extension of the forearm, and almost entirely that of rotation. Motion was now very fair. The speaker would also draw attention to the beautiful appearance of the cicatrix, due to the use of Dr. Halsted's method of subcuticular suture.

Treatment of Influenza.—At the stated meeting of the Medical Society of the County of New York, on Jan. 25, 1892, the subject for discussion was the epidemic of Influenza (*Med. Rec.*). The discussion was opened by Dr. Janeway, and after addresses by Drs. Jackson, Draper and Robinson, Dr. Francis Delafield addressed the Society on the treatment of influenza. He stated as follows: The treatment consisted of putting the patient to bed and seeing that he was well nursed and had proper diet, while the disease was running its course. It was possible, however, for the physician to interfere with advantage in the case of certain complications. Of all the remedies suggested for the treatment of influenza and its complications, such as severe headache or neuralgia, pains, etc., he had found nothing so reliable as phenacetine in doses of five grains every two hours. The catarrhal throat trouble, which is often present, he had treated successfully with aconite or salicylate of soda, with a solution of cocaine for local applications.

Ovary Containing a Bone.—Dr. H. C. Coe presented to the New York Academy of Medicine, a small bone which he had found in an abscess of an ovary removed from a woman who had suffered a number of years from extreme local pain (*Med. Rec.*) He was unable to say whether the specimen was in a commencing dermoid or whether it had been present a long period.

The Color of the Feces is a very fallacious sign, according to Hutchinson unless the diet be known. Thus, a milk diet will give white or pale motions; so also, unless counteracted by other articles of food, may the use of white wines, champagne, etc., in the place of red ones. Self-observant patients are often deceived into thinking themselves out of health by forgetting some change of diet of this kind.

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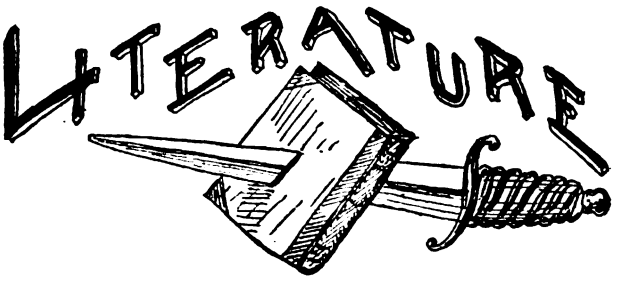

Sleep, Insomnia, and Hypnotics. By E. P. HURD, M.D. Physician's Leisure Library. 12 mo., pp. 112. [Detroit: Geo. S. Davis. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price 25 cents.

The original intention of the author was to translate a monograph on the subject by Germain See, but it was found too brief and incomplete, although excellent the result being the elaboration of the book before us. It is divided into three chapters the first of which deals with the physiology of sleep. The physiological causes of sleep are discussed and we presume will be for some time to come by our most competent physiological and psychological investigators. The various aspects of the subject as well as the diagnostic value of sleep in its various phases are fully presented and are invested with the interest naturally inherent to the subject.

In the second chapter we have insomnia to deal with both in its psychical aspects and as due to physical causes. The insomnia due to various cerebral conditions both functional and organic is fully considered; and, that due to diseases of various organs is also presented in a manner which seems quite satisfactory when we take into consideration the limited space at the author's command.

Hypnotics forms the subject of the third and concluding chapter. This is essentially a therapeutic chapter and one in which the author not only handles his subject in a physiological manner, but makes his practical applications to the conditions which he has described in the preceding pages. In this he gives measures as well as medicines and does not burden his reader with an enormous mass of medical measures, but confines himself to a consideration of those whose action is most efficient and best known.

On the whole this is one of the best of the series of the Physician's Leisure Library which has appeared for some time. Its usefulness will be readily appreciated by the practicing physician and its teachings are sound, although inclined to be rather brief at times.

Essentials of Medical Physics, Arranged in the Form of Questions and Answers. Prepared especially for Students of Medicine. By FRED. J. BROCKWAY, M.D. 12 mo., pp. 330. With 155 Illustrations. [Philadelphia: W. B. Saunders. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $1.00.

This is No. 22 of Saunder's Question Compends, and while the primary purpose was to supply students with a guide for their examinations in physics, practitioners will find it a handy reference book and guide whenever they desire to obtain information on points connected with the subject. The entire work is based upon the lectures of Dr. Chandler to the class of the St. Louis College of Physicians and Surgeons. The author is an excellent adapter and has given us a little book of undoubted merit. He passes all the principal points in review and devotes particular attention to a subject which is attracting a great deal of interest at the present time—electricity.

We are pleased to note that there is none of that perfunctory manner in dealing with the subject that has so long characterized many of the smaller text-books on "natural philosophy." We are brought right abreast with the progress of modern times. Thus, in connection with the subject of light, the spectroscope, photograph, and the eye are discussed. The phonograph receives the proper amount of attention in the chapter devoted to sound. So far as magnetism and electricity are concerned we are given a lucid explanation of the principles, so far as known, and the author deals in a comprehensive manner with the subjects of electric lighting, electro-metallurgy, telegraphy, the telephone, thermo-electricity, etc.

The liberal number of illustrations given from a material assistance in elucidating the subject.

Character Reading from Photographs. By NELSON SIZER. 12 mo., pp. 20. [New York: Fowler & Co. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price 10 cents.

This is No. 19 of the Human Nature Library, in which Prof. Sizer gives rules which he follows in "The Study of Character from Photographs." Many portraits of well-known persons are given, with descriptions as indicated id the head and face. The indications are such that one can easily take lessons from this manual, and become somewhat expert in the matter.

Delsartean Physical Culture, with Principles of the Universal Formula. By CARRICA LE FAVRE. Arranged for Seminaries, Classes, Private Teachers, and Individuals. 12 mo., pp. 108. [New York: Fowler & Wells Co. 1891. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, paper 25 cts.; cloth 75 cts.

This little volume, dealing with the health and beauty department as well as the general physical culture division Delsartism, gives one an opportunity to add to his or her library in a very practical direction. If these exercises and this physiology will do for the fat, the lean, the ugly, the ill, the awkward, the intemperate and the immoral what is claimed, Delsartism will now be given a fresh impetus. The spread of Delsartism is phenomenal. It seems to be the proper thing

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now to at least know something about Delsartean philosophy, even if you are not "one of them."

This author advocates refining and training the body to a high degree of expressiveness rather than develop merely animal bulk. Expression depends so much upon, and is so closely associated with dress that some radical suggestions are offered in that direction.

New Publications.

W. B. SAUNDERS, of Philadelphia, the publisher, announces the following important new medical works as now in preparation, ready for delivery about June 1, 1892. They will be sold only by subscription:

AN AMERICAN TEXT BOOK OF SURGERY. By Profs. Keen, White, Burnett, Conner, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thompson and Warren. It is to form one handsome royal octavo volume of about 1200 pages (10x7 inches), profusely illustrated with wood cuts in text, and chromo-lithographic plates. Prices, cloth, $7.00; sheep, $8.00.

AN AMERICAN TEXT BOOK OF THE PRACTICE OF MEDICINE, according to American teachers, edited by William Pepper, M.D., LL.D., provost of the University of Pennsylvania. This is to appear in two handsome royal octavo volumes of about 1000 pages each, with illustrations to elucidate the text wherever necessary. Price per volume, cloth, $5.00; sheep, $6.00.

He also announces a new PRONOUNCING DITTIONARY OF MEDICINE, by John M. Keating, M.D., and Henry Hamilton, and a work on DISEASES OF THE EYE, by G. E. de Schweinitz, M.D., both to be ready in a few weeks.

Hernia Cured by Gunshot Wound.—We read in the *Occidental Medical Times*: It is not often that a severe and almost fatal injury results directly in benefit to the victim, yet such appears to have been the effect in the following case: A police officer, named Nash, of Reno, Nev., in effecting the arrest of a gambler was shot, the bullet entering the abdominal wall close to the inguinal opening. He had previously had an inguinal hernia of 20 years' standing, for which he had worn a truss. Upon his recovery from the bullet wound he stated that he was able to get around without his truss, and that the hernia was cured. Dr. A. Dawson, who was in charge of the case, says that there is still some protrusion, but that the condition is by no means so severe as that existing before the injury. He does not think that the canal could be occluded, as the bullet did not not cross it, but the extension of inflammation has in some degree contracted it, and he believes that with the aid of a truss there may in time be no protrusion. The officer's assailant was, shortly after the affray, taken charge of by a party of citizens and suspended from the railway bridge, a short distance from town. Mr. Samuel Davis, (whose other name is Annanias) of the Carson *Appeal*, in commenting upon the case says, "yet the man who cured Nash was lynched by the citizens of Reno. The riverside town appears to be a poor place to practise medicine or surgery."

Anaspain is the name of a new ointment basis which appears to be identical with lanolin.

The Early Application of the ointment of the nitrate of mercury is recommended as an effective means of aborting a boil.

The University of Dorpat had, at the beginning of this year, 1,635 students of which 986 were studying medicine.

The Physician and Surgeon appears with a new cover and considerably enlarged in size. It presents a handsome appearance now.

The Albany Medical Annals appears in a new cover and otherwise much improved. It contains one-third more matter than formerly.

A Law has been passed at St. Petersburg that a doctor who takes charge of an accident which he may happen to attend on the street shall be paid by the police in proportion to the importance of the case.

Malpractice Suit.—The case in which Lillie E. Spaulding brought suit against Drs. L. W. Bliss and E. W. Davis, of Saginaw, for ten thousand dollars damages for alleged malpractice, while attending her for a broken leg, was dismissed with a verdict of no cause for action.

Pangermanism.—The application of the German language to its very limits is exemplified in a recent work on diseases of the nose and larynx by Dr. Bresgan. He does not employ a single word of Greek, Latin, French, or other origin. For instance, he uses the word *Spatel* for speculum, *Vorhersage* for prognosis, etc.

Massachusetts Association of Boards of Health.—The annual meeting of the Association was held in Boston last week. Several papers were read and the following officers were elected for the year: President, H. P. Walcott, M.D.; Vice-Presidents, S. H. Durgin, M.D., S. W. Abbot, M.D; Secretary, L. F. Woodward, M.D.; Treasurer, J. B. Field, M.D.

The Hot Springs Medical Journal has made its initial bow. It is a monthly octavo of 24 pages, edited by Drs. J. M. Keller, S. W. Franklin, Thos. E. Holland and J. C. Minor. The avowed object of this publication is to acquaint the medical world, outside of Hot Springs, with the true value of this resort and to be "the mouthpiece of the local reputable faculty" of that place. We wish it success in its enterprise.

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The Medical Students during the term of 1891-92 in Switzerland are to the number of 941 of which 596 are Swiss. Of the total number 160 are females.

Crazed by "Medicine".—Leon Obregon, San Antonio, is a raving maniac as the result of taking alleged medicine prescribed for him by an old Mexican woman. It was made from a poisonous Mexican herb called toloache, and since taking it for the grip he has been distracted. The qualities of the drug are well known in Mexico, where it is often administered for malevolent purposes. There is little hope of Obregon regaining his reason.

A Scientist's Ruling Passion.—Dr. Richet, whose death occurred recently, made careful observations on his subjective symptoms, detailing them to his son and the attending physician in order that they might write them down (*Ex.*). Each new sensation was minutely described, and even at the very end, when those about him observed unmistakable signs of speedy dissolution, he surprised them all by saying, "You see I am dying."

An Ambulance Surgeon, of New York, was recently called to attend a sailor who had fallen into the hold of a vessel and fractured his skull. He arrived but refused to remove the man for treatment, saying he was drunk. The patient was taken to the station-house where he remained over night. He was taken to Bellevue Hospital next morning and there he died. Coroner Levy said that it was time to call a halt. He said that his jury would consider the case most carefully and would also look into the ambulance system, and if they see fit, will recommend changes in the custom which allows unpracticed physicians to serve as ambulance surgeons.

Doctors Fleeced.—The following may be of interest to some of our readers: The Baltimore *Sun* gives interesting facts about the great abuse which robs the medical profession. The Presbyterian Eye and Ear Hospital during the past year treated 36,000 patients, an average of 117 per day excepting holidays. More than 2,000 operations were performed and 10,113 new new cases treated. This hospital is supported by voluntary contributions, aid from the State, and every available source utilized to obtain funds. Nothing could better demonstrate the need of organization among prattitioners than the simple relation of the above facts. Wanted—Every doctor who is a graduate of a legalized medical college to become a member of the United States Medical Alliance conducted exclusively for the material benefit of doctors by doctors, and is the only society composed exclusively of medical practitioners. Those desirous of joining should send their fee of $3,00 to the Treasurer, Dr. R. B. Elderdice, McKdightstown, Pa. For information enclose stamp to Dr. J. F. Davidson, Glendola, New Jersey.

Salting the Track of Street Railways is condemned by Dr. Geo. Homan as a danger to public comfort and health. He states that it would probably be impossible to trace directly to this cause any particular form or case of disease. If any marked effects were thus produced they would most likely appear in the returns of diseases and deaths due to bronchial, pulmonary and rheumatic affections induced or aggravated by the well-known chilling effect produced by the mixing of snow or ice with salt; and this heightened power of heat abstraction would be felt by those who are obliged to traverse on foot streets where the practice referred to was followed.

A Unique Hospital.—An absolutely unique hospital is that situated on the shores of the lovely Tegernsee, in Tyrol (*Col. and Clin. Rec.*). The house surgeon and the four Sisters of Mercy in charge of this establishment are all of royal birth. The pure air of the mountains and the complete absence of dust are two of the most powerful agents of rapid recovery for the 2,000 to 3,000 patients who come yearly to have their eyes treated by the owner and doctor in chief of the hospital, Duke Karl Theodor, of Bavaria. The Duke has founded this beautiful institution for poor people, and he has effected wonderful cures during the past years. His lovely wife, the Duchess Marie Jose, Infanta of Portugal, is the guardian angel of the house. Her abnegation and entire devotion to the sufferers, who come from all sides to be treated by her husband, together with her extreme beauty and gentleness, endear her to all. At six o'clock in the morning she arrives at the hospital to assist the Duke during the operations, which take place in the early morning.

Referred to Louisville.—The *Chio Med. Jour.* says: The following letter came in with the last cold wave from the far West:

THE OHIO MEDICAL COLLEGE,

Mr. Secretary, Dear Sir

I Am in Want of a Little Information i Want To no if There is Any Way for me To Get a Diploma To Practice Medicine By Attending Only One Term I Will Say That I amas Competent to Practice Medicine Now as More Than One Half of the Doctors & I Have Prescribed More or Less for 10 years as I Have Bin in The Drug Business all of My Life I am now 30 years old, and I Would Like To Graduate so I Could Go Down in The Nation & Practice as Thare is Money in it Down Thare You Let me Hear from you & Let me Know Just what it Will Cost Me & What Time it Will Take & When Your Term Commences & What Books I Will Want I Have a Frst Grad Pharmsutial Certificate in The State & Have Had for 5 Years Hoping To Hear from You in Details by Early Mail I Remaine Very Truly Your

P S if You Cant Do Any Thing for Me Please Let No What College Can if you Please & oblige

What is the matter with Cincinnati?

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The St. Louis City Hospital Medical Society has decided to meet hereafter on the second Thursday of each month.

Typhus Fever has attacked a large number of Russian immigrants who arrived in New York on Jan. 30, last. Over 60 had already been discovered at last accounts the cases occurring in lodging houses of the United Hebrew Charities.

The Physicians of Detroit are busy making preparation for the meeting of the American Medical Association in June. The local committee have appointed a large number of sub committees to complete the arrangements for a successful meeting.

Trade Marks of Chemists are to be protected. Last week, in Washington, the representative of the manufacturing chemists of St. Louis, appeared before the Committee on Patents to advocate Mr. O'Neill's bill providing a penalty for counterfeiting trade-marks. The representative had a number of bottles labelled, which he exhibited to the committee. Some of the stuff in these bottles, it was alleged, was poisonous and dangerous to public health and public comfort. He asserted that quack doctors and quack medical compounders made it a practice to counterfeit the labels of reputable chemists and palm off poisonous concoctions on the public.

Psychic Homeopathy.—This new system is one commented on at some length by the New England *Medical Gazette*, which deplores such a method of propagating the truths (?) of homeopathy. It goes on to state: We have only to make the journey to Lyons, and Dr. Gallavardin will rid us forever of our tendencies to "libertinage, jealousy, envy, rage, revengefulness, gambling, selfishness, miserliness, lying, thieving, laziness and melancholy,"—we quote, in literal translation, the doctor's own statement—and never charge us a sou!

Brethren, this is not a merry jest. It is a sorrowful, ridiculous fact; and it is one of the facts that help to explain why homeopathy's claim to being an exact, rational and scientific system of treating the sick, is, even to-day, in so many quarters laughed to scorn. Here is a so-called homeopathic physician, who advertises, by homeopathic medicines administered in high potencies, to cure nearly every purely moral evil to which human nature is liable. He announces that it is not necessary for the sufferer from jealousy, libertinage, lying, or the like, to apply for treatment in person: some friend or relative can state the case, and be furnished with the appropriate homeopathic remedy, which can be dropped into the patient's food or drink and swallowed, "unbeknownst": after which the tendency to gambling, jealousy or libertinage will speedily disappear.

Higher Medical Education!—One of our contemporaries mentions the fact that a young man who commenced the study of medicine at a medical college in Cincinnati in September, 1890, obtained the degree of Doctor of Medicine in Louisville in June, 1891. A single instance of this kind is evidence that the full force of the progressive spirit of the age in the direction of higher education has not yet reached medical schools in every section of the country; and it may naturally be inferred that this hastily created graduate is but a sample of a large number of medical practitioners hatched, as it were, by an objectionable forcing process of rapid incubation.

Medicinal Properties of Vegetables.—Spinach has a direct effect upon the kidneys.

The common dandelion, used as greens, is excellent for the same trouble.

Asparagus purges the blood.

Celery acts admirably upon the nervous system, and is a cure for rheumatism and neuralgia.

Tomatoes act upon the liver.

Beets and turnips are excellent appetizers.

Lettuce and cucumbers are cooling in their effects upon the system.

Onions, garlic, leeks, olives, and shalots, all of which are similar, possess medicinal virtues of a marked character, stimulating the circulatory system, and the consequent increase of the saliva and the gastric juice, promoting digestion.

Red onions are an excellent diuretic, and the white ones are recommended to be eaten raw as a remedy for insomnia. They are a tonic and nutritious.

A soup made from onions is regarded by the French as an excellent restorative in debility of the digestive organs.

Champion Tooth Extractor.—The champion tooth drawer of the world is said to be a monk, Fra Orsenico, of Rome, who operates by the Japanese method—that is, with the simple instruments provided for him by Nature in the shape of his thumb and forefinger. His extractions average 100 a day, but there are days (perhaps when an east wind is blowing) when the number does not fall far short of 400. The good brother seems to be as proud of these dental trophies as an Indian brave of his scalps. He has two boxes containing thousands of more or less dilapidated teeth from which he has delivered his patients; these are kept open in his operating room, doubtless *pour encourager les autres*. There seems to be some doubt as to who has the honor of having extracted the largest number of teeth at one sitting. An American dentist, Dr. Thomas Sneel, is said to have relieved a gentleman of 27 in five minutes, but a Plymouth doctor seems to have broken the record by extracting 31 at one fell swoop. He would, doubtless, have given an epic completeness to his work by drawing the thirty-second, but, unfortunately, Nature had been beforehand with him.

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St. Louis now has two "bichloride" of gold establishments, and there is room for more.

Dr. Robert P. Bush, of Horseheads, who was elected Speaker of the New York State Assembly, Jan. 5, 1892, has the distinguished honor of being the first physician who has ever held this high office.

The British Medical Journal is quite prospe ous. The growth of the journal of the British Medical Association, which by the way has many members in this country, has been very rapid of late years, and its circulation "now exceeds 17,000 copies weekly."

The Supreme Government of the Republic of Colombia is taking steps to increase the accommodation for lepers within its confines. It is also proposes to form a Scientific Commission to investigate the suitability of various islands on its shores for the establishment of asylums for the victims of the disease.

Accommodation for Lepers at Poona.—Mr. Keyser, C. S. Collector, of Poona, on Dec. 30, 1891, laid the foundation stones of two new leper wards in connection with the David Sassoon Infirm Asylum, toward the cost of erection of which the widow of the late Mr. Nusserwanjee Maneckjee Petit has given Rs. 8000.

French Medical Charities.—A commission appointed by the French Minister of Agriculture has arranged to devote the following sums to the objects named:—100,000 francs to the French Hospital, Constantinople, 75,000 francs for the establishment of a hospital in Savoy and subventions for a second urban ambulance station in Paris, and for a hospital for scrofulous children at Raphael, similar to the one at Berck-sur Mer.

North of England Obstetrical and Gynecological Society.—At the annual meeting at Manchester recently the following officers were elected: President, David Lloyd Roberts, M.D.; Honorary Secretary, Henry Briggs, F.R.C.S., Eng., 3 Rodney Street, Liverpool. Local Secretaries, William Lauder, M.D. Manchester; Thomas B. Grimsdale, M.B., Liverpool; Sydney Rumboll, F.R.C.S., Edin., Leeds; Richard Favell, M.R.C.S., Sheffield; David Lowson, M.D., Hull.

The Death of Dr. John McDonnell, of Dublin, which took place at his residence, Fitzwilliam Square, last week, severs a link with the past century, for he had reached the age of 96 years. He was personally unknown to the younger generation of medical men, but they often heard of the marvellous old man who, up to a short time ago, was full of vigor, and had as much freshness of mind and body as many men of 65. In 1847 he was elected professor of Surgery in the Royal College of Surgeons of Ireland.

Dr. Henry F. Steinhauer, a well-known physician of St. Louis County, Mo., died February 12, aged 69.

Tape-Worm exists in French hospital patients to quite a considerable degree. It has been ascertained that from 1881 to 1890 the proportion has been 2.40 per 1,000 patients.

Bile is said to play an antiseptic role in the economy. It requires two or three times as much of an agent to produce toxic symptoms in a healthy animal as in one with a biliary fistula.

Furor Prescribendi is a name which has been lately coined to indicate the mania which some practitioners have of prescribing whether acquainted with the dose and properties of a drug or not.

A Post-Graduate Course in medicine is to be given at the University of Toronto. We are inclined to think that it will be rather inedequate from the fact that its duration will be limited to two weeks.

Weekly Medical Review Pocket Reference Book and Visiting List, published by J. H. Chambers & Co., St. Louis, Mo., price 75 cts, postage prepared. This is a good and very convenient visiting list and deserves to have a large sale. It will be noticed that it is very cheap.—*Medical Progress.* See ad page xi.

The French Academy of Medicine is composed of 105 members every one of whom has been decorated with the Cross of the Legion of Honor, with the exception of four. It is predicted that they will soon be accorded this honor.

Small-Pox in an Anti-Vaccination Dlstrict.—An epidemic of variola has appeared in Batley, England, the center of an anti-vaccination district. One hundred and ten cases have been reported with nine deaths, none of the victims having been protected by vaccination. It need hardly be said that this object lesson has had its due effect even on the intelligence of anti-Jennerians.

Prigs are not met with in the vulgar classes alone. One of our English cotemporaries, in speaking of the *Journal des Maladies Cutanees et Syphilitiques*, states that its contents are prurient. It goes on to say that "medical men must not, of course, be squeamish, and techinal phrases enable us to understand without investigating much that we cannot and ought not to be ignorant of; but it should surely be a source of some honest pride and very sincere thankfulness that such a journal could not possibly exist in this country." Of course, the *British Journal of Dermatology* is unknown to this provincial journal and, in the course of time the facts will filter into its "think tank" (as Bill Nye calls it) that it has simply made itself ridiculous.

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A Texas Physician claims that acute, infectious, and the exanthematous diseases are less common in his State than anywhere else and that laparotomies are more successful.

Rest.—Carlyle understood its value when he said: Rest is a fine medicine; let your stomachs rest, ye dys peptics, let your brains rest, ye wearied and worried men of business.

A Lull seems to have taken place in the misdeeds committed by the profession if we are to judge by the paucity of the accounts which have appeared in the newspapers of late.

The Doctor's Weekly has a cover now and presents a better appearance than formerly. The most healthy sign which it exhibits is in the increase of advertising patronage which it displays.

Disinfectol is a brownish-black, oily liquid of a density of 1.086. It is said to be an energetic disinfectant somewhat alalogous to creolin and lysol. It is generally used in the form of an emulsion.

Ink Baths which have been recommended for dermatitis herpetiformis, pemphigus foliaceus, nervous eczema, burns, etc., are composed as follows: Tannic acid 75 grains, sulphate of iron 30 grains, for an ordinary bath.

Robert Cowell was fatally stabbed Feb. 7, at Shreve, O., by Dr. Charles Aylesworth. The men quarrelled because Cowell objected to Aylesworth's attention to his daughter. Aylesworth and a friend named Dick Pocock, who was present are under arrest.

A Pathologist is to be chosen for Rush Medical College by an expert committee, so we have been informed. The committee on selection is to consist of Virchow, Koch, and Metschnikoff. The position is looked upon as quite a plum, a salary of $5,000 per annum being attached to the chair.

A Collective Exhibit of sanitary appliances and methods of sanitation, and of all that pertains closely to them, is to be made at the Columbian Exposition. The various State and municipal boards of health will work in conjunction to that end, numerous representatives of those organizations having so decided at a recent convention in Chicago.

A New Way to Pay Old Debts.—We are informed by *Vratsch* that a physician in Kiev who had been attending the wife of a certain well-to-do man named P—ski stated that he would no longer attend upon her as he received no honorarium. The husband promptly liquidated the bill by beating the physician within an inch of his life with an iron cane.

Items of News are not always so plentiful as we would desire; and, occasionally, they are very difficult to obtain. Our readers could help us but do not seem so inclined just at present.

The Cartwright Lectures for 1892 were delivered by Prof. Henry F. Osborn, of Columbia College, at the New York Academy of Medicine, at 8 P.M., from February 12th to 19th, 1892. The subject of the lectures was "The Present Problem in Evolution and Heredity." They were listened to by a large and appreciative audience, and were well received.

Chirography and Merit.—It is related of the late Sir Richard Quain, whose handwriting was execrable, that when a student he once went up for an examination, in which he confidently expected to take the prize. However, the medal was given to somebody else, and on inquiry it was found that his writing was so bad that the examiner had been able to read only one of the answers.

Book Reviews are said, by somebody whose name we forget, to be entirely valueless to the readers of journals so far as they indicate the worth of the book reviewed. The argument is based upon the assumption that no one can read every book sent for review. True enough, but we had a dim idea that Adam Smith's chapter on division of labor exactly fitted such conditions and we would recommend the reviewer of reviewers, a perusal of this thrilling chapter.

A Model Death Certificate.—The following is a *verbatim* copy of a certificate of death in the case of a man in Maryland who accidentally shot himself (*Med. Rec.*):

"BALTIMORE COUNTIE November the 22. 1891.

"This is to surtifie the. a gustic of the Peace of Baltimore countie held an inquest on the Body of William Harmer came to his Deth by a gone sot wond in his one hands. With too young frends Georg Young and Jacob Willis in company at or near John Allis fishing shore."

Medical Reform.—It has long been felt that the vast clinical fields of the Paris hospitals were hardly being made the best use of, and that much good work might be done by organizing a curriculum of instruction over and above that of the Faculty of Medicine, and which might be carried out by the numerous and capable hospital physicians and surgeons who have no direct connection with the School of Medicine, but who receive their appointments from the Assistance Publique which administers the hospitals, and which is itself a part of the Municipal Government of Paris. With this object a proposition is now before the Municipal Council which, if adopted, will organize a new field of clinical instruction complete in itself and entirely independent of the Faculty—corresponding, in fact, somewhat to the extra-mural schools in Scotland.

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A French Physician recently prescribed a fatal dose of nitrate of aconitine and at the inquest he acknowledged his ignorance of what constituted the proper dose of this highly poisonous salt.

Socks of Human Hair.—The Smithsonian Institution has received from China a pair of stockings manufactured from human hair. They were worn by fisherman over cotton stockings (being to rough for the naked skin), and under straw shoes, as a protection against moisture.

The Anglo-Saxon notoriously knows less about toothsome meals than does the Continental. It is wonderful what French, Austrian, and sometimes German cooks will do. And, on the other hand, it is equally wanderful that the excellent potatoes and peas of old English, are socooked in an average English hotel, that a man suspects one to be bullets and the other painted berries.

One of the Real Abuses in dispensaries and clinics says an exchange is, that impecunious young doctors, who ought to have sought some quicker means of paying their expenses, in order that they may get a fee, sometimes neglect their proper work, which should be hearty and conscientious for these poor people, and send them to their offices, telling them that they will be better treated as private patients.

Killed by "Bichloride."—Under this headline the newspapers publish the following dated San Francisco, February 12: James G. Fair, Jr., eldest son of ex Senator Fair, died suddenly this afternoon of heart disease. The death of young Fair is attributed by his doctors directly to bichloride of gold treatment. "Jimmie" Fair was among the first to try it. He declared it had effected a cure, but his friends noticed his listlessness. The doctors say strychnine, which enters so largely into the bichloride treatment, affected his heart. Several similar cases have occurred here. The dead boy's father is the wealthiest man in San Francisco, being probably worth $20,000,000. The fortune in great part would in the natural course of events have fallen to Jimmie Fair, but for his drinking habits and bichloride of gold.

Famine and Disease are working sad havoc in Russia. A dispatch gives terrible details. Small-pox and diphtheria are decimating the inhabitants. Around Penza 200 peasants have died from the disease. The dispatch adds that in the Governments of Samara, Saratov and Nijni Novgorod the conditions are far worse than in Penza. In these three Governments thousands of the peasants have fallen victims to hunger, typhus and other epidemic disease. In the Governments of Charkov and Kazan the typhus fever is especially terrible in its ravages. The inhabitants are dying by hundreds. Whole families have been stricken by the disease and have died, not a single member recovering.

Intestinal Flatus of Young Children.—Dr. Bartholow recommends:

℞ Mist assafœt., - - - - ℥i.
Sodii bromid, - - grs. iij to v.
M.
Sig.: For a child 1 to 4 months old.

Diarrhea of Phthisis.—Dr. W. R. D. Blackwood in *Med. Summary*:

℞ Zinci oxid, - - - - gr.xxx.
Acetanilid, - - - - gr.xv.
Cherry-laurel water,
Syr. lactucarium, - - aa ℥j.
M.
Sig.: A teaspoonful every three hours, or less, as required.

Lumbago.—Hollister gives the following:

℞ Iodide of potassium,
Bromide of potassium, - - aa 3.
Tincture of colchicum seed, - - 6.
Syrup of bitter orange peel, - 10.
Distilled water, - - - - 30.
M.
Sig.: Take three or four teaspoonfuls a day. The dose is increased until some slight impression on the intestine is noted.

Chronic Rheumatism.—E. Marshall prescribes as follows:

℞ Salicylate of sodium,
Iodide of potassium,
Acetate of potassium, - - aa 8.
Fluid extract of cascara sagrada,
Pure glycerine, - - - aa 15.
Water of canella and of mint, distilled, - - aa 75.
M.
Sig.: Three or four teaspoonfuls a day.

Burt's Antineuralgia Mixture.—The following is attributed to Dr. S. S. Burt:

℞ Potassium iodide, - - - ℥ij.
Tinct. opii, - - - - ℥ij.
Ext. gelsemium fl., - - - ℥iij.
Ext. cimicifugæ fl., - - - ℥v.
Syr. sarsap. comp., - - - ℥iij.
Aquæ, - - - q. s. ad ℥viij.
M.
Sig.: Tablespoonful every four hours in muscular rheumatism and neuralgia affecting the chest.

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Professor.—"What have you to say about pneumonia?"

Candidate: "That it made me perspire terribly."

Filkins.—Dr. Killum has paid five visits to our house. Bilkins: My! at $10 a visit. That's expensive. Bilkins: It's only $10. The last four he was after his money.

"And How is Your Family, Mr. Miller, all well?" "Thank you, madam, yes, except my wife who had a small angina last night." "Well, well, I congratulate you with all my heart. Another girl I see."

A Street Consultation.—Dr. Jacoby was walking along Broadway one day when he met an old gentleman who was very rich, but who was at the same time noted for his extreme stinginess. The old man, who was somewhat of a hypochondriac, imagined that he could get some medical advice from Jacoby without paying for it.

"Doctor, I am feeling very poorly."

"Where do you suffer most?"

"In my stomach, doctor."

"Ah, that's bad. Please shut your eyes. That's right. Now, put out your tongue, so that I can examine it closely."

The invalid did as he was told. After he had waited patiently for about ten minutes he opened his eyes and found himself surrounded by a crowd who supposed that he was crazy. Dr. Jacoby had, in the meantime, disappeared.

The Meanest Man.—To the large number of stories of "the meanest man," which are frequently related, one should be added of a certain Frenchman, famous for his habit of grumbling at everything and on every occasion.

He was attacked by inflammatory rheumatism, and was carefully nursed by his wife, who was very devoted to him in spite of his fault-finding disposition. His sufferings caused her to burst into tears sometimes, as she sat at his bedside.

One day a friend of the invalid came in and asked how he was getting on.

"Badly, badly," he exclaimed, "and it's all my wife's fault."

"Is it possible," asked the friend, in surprise.

"Yes. The doctor told me that humidity was bad for me; and there that woman sits and cries just to make it moist in the room."

We Regret to Learn through the general manager of the Hannibal & St. Joseph railroad that the office of chief surgeon on those lines has been abolished, since the resignation and removal to San Diego, Cal., of Dr. Hearne.

Erie Railway Surgeons.—An excellent meeting of the surgeons of the New York, Lake Erie & Western Railway was held in Elmira, N. Y., January 12 (*Railway Age*). It was called to order by Dr. S. Birdsall of Susquehanna, Pa., and there were found to be present Dr. O. M. Daniels, of Buffalo, N. Y.; Dr. R. S. Hernden, of Waverly, N. Y.; Drs. Baker and Green, of Hornellsville, N. Y.; Dr. G. N. Hall, of Binghampton, N. Y.; H. A. Argus, of Corning, N. Y.; Dr. G. W. Appley, of Cochecton, N. Y.; Dr. N. B. Johnson, of Shohola, Pa.; J. D. Zwetsch, of Gowanda, Pa.; and Dr. Flood, of Union, N. Y.

Permanent officers were elected as follows: Dr. C. M. Daniels, President; Dr. Hernden, Vice-President; and Dr. Appley, Secretary and Treasurer. The President appointed Drs. Birdsall, Baker and Zwetsch to draw up a constitution and by-laws.

Dr. Birdsall read a paper on "How to Control Hemorrhage from Recent Wounds," and the subject was discussed at length, principally with a view to the instruction of those not skilled in surgery, particularly railway employes. It was decided to hold the next meeting at Buffalo, N. Y., the second Tuesday in July next.

Lighting Cars by Gas.—The following appears in the report of the New York railroad commissioners: "Much advance has been made within the past few years in the method of lighting cars. The method of lighting by gas, manufactured from crude petroleum, stored in strong iron tanks under the cars, known as the Pintsch system, has been largely adopted by the railroads in this country and abroad. In response to letters of inquiry from the board as to its merits as an illuminant, and as to its safety in case of accidents, answers have been received from numerous railroads, including the New York Central & Hudson River Railroad, the New York Lake Erie & Western Railroad, West Shore Railroad, Pullman Palace Car Company and Wagner Palace Car Company, expressing entire satisfaction with it as an illuminant and confidence in its safety. A careful official investigation of its merits was made under the direction of Hon. James A. Norton, commissioner of railroads of Ohio, resulting in a strong approval of its use. The same course was adopted by the railway commission of Illinois, with the same results. It is claimed that there is no record of any accident involving loss of life or injury to passengers through the use of this system.

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MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

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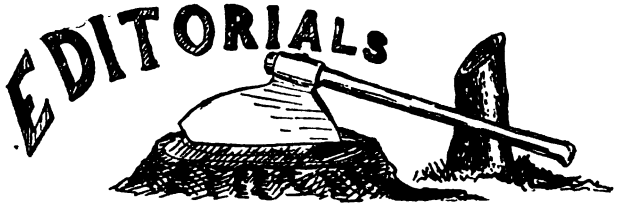

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Clinical Meetings.

There can be no possibility of a doubt that the most successful method of instruction is that known as object teaching. It is the one by which we have all learned to speak and which is being continually used—in an unconscious manner it is true—and which is productive of the best and most enduring results. In every case in which it can be employed it is found that the object, or a representation of it, helps in an immeasurable degree a rapid understanding and appreciation which no amount of verbal description could impress upon the individual. Moreover, there seems to exist an instinctive desire for this as is evidenced in the marked desire which both children and adults show for pictures, paintings, statues, blocks, diagrams and all other "object" aids which are so liberally employed.

This desire is well exemplified in medicine. Here it is that object teaching is preeminent. In every branch, in every department the effort is made to supplement didactic instruction by means of diagrams, charts, experiments and patients. In pharmacy the student is required to see, feel, smell, and taste the various remedial agents in their crude and finished states. In fact, there is no science or art dealing with our physical environments which is not aided by these means. And even in purely spiritual matters we have an opportunity of seeing prelates using external means as signs of the purely spiritual which is entirely invisible. An idea is clothed in habiliments of the earth earthy and forthwith we are told that it is an allegorical representation.

But to come to our subject more closely. It is conceded on all sides that instruction in medicine is much better, is more instructive, is more thorough, is more easily understood, is better appreciated, and accomplishes its object more completely if it be impressed by means of clinical examples which can be examined. There can be no doubt upon this point, nor is there any question as to the value of such a method. The fact that it is being adopted in all colleges is the best proof of the status which it holds and the fact that it has been able to overthrow the didactic method, as well as the philosophical manner is further proof of its intrinsic value.

The medical society has been very aptly compared to a medical school wherein instruction should always be forthcoming and wherein the pupil of to day is the teacher of to-morrow. Properly conducted it is a school whose teachings cannot be too highly extolled. It is an institution facilitating the interchange of opinion and the comparison of experiences by which all profit from the fact that they acquire the method of looking at a subject from different points of view and are enabled, in many instances, to correct false conclusions hastily drawn and incorrectly generalized. This state of affairs has been fully appreciated by the medical profession and the result of this appreciation is evidenced by the interest taken by all in their profession. We have medical societies everywhere. Some are large and some small, but all are useful. No matter where it may occur or when it may take place he who is present will hear something new or a new application of an old principle. Even if it were naught else but recalling to mind some old and long forgotten point there has been profit in it. When we view the vast array of medical societies local, district, state, national, and international we wonder that any one should dare cast an aspersion upon physicians that they are not progressive—that they are "old fogies," that they take no interest

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their vocation. The medical society is an institution and it has come to stay. The doctor may not speak at the meeting, but he quietly imbibes, absorbs, and ponders over what he hears. He may discover where he erred, or he may have the satisfaction of hearing his conclusions and his methods fortified by the experience of others. He may speak and he will not find an array of empty benches for listeners. The man who attends the meetings of his society or societies spends money, time, and sacrifices convenience in order to perfect himself in his profession. He does this not once but regularly. Who is there in any other profession making as many sacrifices for the benefit of that profession and of his clients?

In taking this into consideration one point which is of importance naturally suggests itself: How can these meetings be made more profitable and more interesting? How can they be made more instructive and more attractive? If these conditions can be secured there is no doubt, in our opinion, that it will conduce to securing more members and will ensure a larger attendance. It will stimulate to more work of a profitable nature and will result in a higher general status of the profession. It will make practitioners more self-reliant and imbue them not only with more self-respect but make them more studious, more efficient, and more anxious to occupy that position in the profession which properly belongs to them. The condition which will bring about this change is one which is easily solved in our opinion. It has been tried and found successful in England, and for this reason, we think that it certainly should succeed as well in this country. We furthermore have not the least doubt that it would result in this manner.

The plan to which we have been alluding is called in England "clinical night." The method which might be adopted in this country and which would correspond to this could be carried out in the following manner: In large cities where local medical societies meet weekly, one evening per month should be set apart for the presentation of cases, pathological speciments, microscopic specimens, and other material of this nature, thus constituting a most valuable object lesson to all those attending. It constitutes an attraction to the members; and, visitors who are considering the advisability of becoming members, are easily convinced of the advantages accruing to them by following such a course. In district societies the same plan can be carried out in a similar manner. As the meetings last two days at a time the afternoon of one day can be set apart for a clinical demonstration of cases. Such clinical meetings, our readers will readily see, would be of the highest benefit provided they were properly carried out.

To exemplify—we have seen a patient presented and the one so presenting the case apparently had a unique example of a hitherto unknown affection. The demonstration was perfect, the history critical and the description classical. What was the result? A hitherto unobserved condition was found to be a common one and a multitude of symptoms, before seemingly obscure, were easily and correctly interpreted and a valuable addition to practical medicine was the ultimate result of this presentation of a single case. We know that country practitioners, especially, see more strange and interesting cases than physicians in large cities. We know, furthermore, that their diffidence is the direct cause of the loss of an untold amount of the most valuable material in medicine. Many cannot write a studied essay or paper, others do not have the time, but all could either present the cases or talk about them. We have learned so much in private conversations with just such men that we cannot but deplore the fact that they will not emerge from their seclusion and generously donate the fruits of their experience.

The clinical meeting is more informal; is so much of the nature of an "experience meeting" that we are certain that its adoption once inaugurated would popularize it to an extent never dreamed of before.

Expert Testimony.—The general unreliability of expert testimony and the special defects inherent to the system in certain cases is commented upon by the *Lancet-Clinic*, which goes on to say that the principal defect is in the manner in which expert testimony is introduced. An expert is of use as a witness simply for the purpose of giving an opinion. To be of value this opinion should be unbiased. As matters now stand this cannot be true. The services of an expert are now usually first solicited by the attorney for one side of the case. The case is presented to the expert as the latter sees it or as he hopes to demonstrate it. If an examination of the subject follows, it is made with this preliminary interview in mind. No man is proof against the unconscious bias which is engendered by a knowledge of his relation to the interests of a given case, or able to free his mind entirely from the influence which a narration of supposed facts in it leaves with him.

The remedy would be to take the whole question of expert testimony out of the hands of the attorneys for either side and place it in the hands of the court. When expert testimony is desired by either side, let application be made to the court, and let the court summon a given number. Let their compensation be fixed by the court, and paid by the interest demanding it. This would lead to two reforms. The expert, with no obligation to either side and with no preliminary bias through partisan statements, would be in position to give opinions of much more value to judge or jury; while resort would not be so frequently had to expert testimony in cases where there exists uncertainty as to the merits of the theory, for defense of which it is desired.

The European Demand for American Medical Diplomas.—The low value which is set upon American diplomas in England and Europe has aided in causing a number of the medical colleges to

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raise their standard for graduation (*Meyer Bros. Drug.*). At the last session of the legislature all of the medical colleges in Missouri, with one single exception, favored the passage of a bill which rigidly compelled the med ical colleges to adopt a three years graded course of instruction. Through political ways which are hard to understand in professional life, the bill did not become a law. Whether or not this news reached London is difficult to say, but evidently, at least one resident of that English city has the idea that it is not difficult to obtain the degree of Doctor of Medicine in St. Louis. As an evidence we publish the following letter, dated London, England, December 28, 1891, and addressed to the secretary of the Medical Faculty of the St. Louis College of Pharmacy, St. Louis, Mo., U. S. A. It is, to say the least, interesting reading:

"Dear Sir:—I desire much to have the Degree of Doctor of Medicine at your University and therefore take the liberty of asking you if on the strength of my medical qualifications and age (fifty) I could graduate *in absentia* and under what conditions. I many years ago graduated at the University of Rostock, Germany, as Doctor of Philosophy and studied medicine at Scottish Universities and have recived *full curriculum*. I have also written an original thesis and particulars of my attendance and shall be pleased to send you my original class tickets, certificates, etc., if required.

"I may mention that I require the M. D. only as a medical physicist. I should be much obliged if you would kindly let me have an early answer.

"I am

"Yours faithfully,

——— ——— ———."

Since writing the above the secretary of the Missouri Medical College has received a similar letter from the same man. It is probable he will find some medical college ready to accept his proposition, but it will not be in St. Louis.

Duties of the Elder Practitioner.—An exchange writes editorially as follows:

With his practice established, his position assured, or quite as much so as may be expected, what are the duties of the elder to the younger practitioner? The latter, by the fact of his coming, asserts his right to a place, and, in a certain sense, lays claim to a sharing of the work of the elder. Shall the claim be allowed by cordiality of reception, or be disallowed by secret opposition and neglect? It would seem that the question were needless, in view of the tradition of ethics that has long been the pride of our profession, and the large humanitarianism that, from the earliest times, has characterized the medical guild. Envy is an unworthy motive and especially so with physicians. The object of their life-work does not warrant such selfish indulgence. Whether willingly or unwillingly, whether sooner or later, the younger must take the place of the elder; better the passing of the torch by consent and good-will than by wresting and ill-will.

Instead of an individualism and struggle for personal places, it harmonizes with ideals of professional success to cultivate a desirable *esprit de corps*, or common unity. The work of the elders should be directed to preventing the entrance into the profession of the unworthy and unfitted, rather than embittering the lives of those allowed admission. Let the standard of medical education, the preliminary and final examinations, be made more stringent, and the lengths of college courses be increased, etc., so far as wished, but the theoretic right to practise as authorized by the conferred degree should be followed by the practical welcome from those longer in the work.

Advertising for Dispensary Patients.—The *Medical Record* is evidently gunning for bear if we are to judge from the following editorial utterances:

We are pained to notice a disposition on the part of some of our friends connected with public clinics to add another to the already long list of abuses of medical charity by advertising for free patients in the daily papers. It is difficult to see what the end may be if this practice becomes prevalent. We are speaking for the young practitioner when we protest against it. There should be no necessity which makes this method of securing material possible. It is an open bid against the bread and butter of the young man who must depend upon just such patients as the dispensary coaxes to its doors by such advertisements. If the clinics are so eager to go into the highways and byways for clinical material there will soon be no pay-patients among even the middle classes. It is not enough of an excuse for these so-called charities to declare that it is for the good of the sick poor. In reality it is apparent that the purely business element of those dispensaries is the uppermost consideration in the minds of their faculties, and it is no more to be considered from ethical points than is open advertising by the needy individual medical man. There are two sides to this question. The colleges and dispensaries cannot afford to make enemies of the rising generation of practitioners, for the reckoning will not be far distant. We advise these charitable institutions to withdraw their advertisements else they may hear more on this subject.

Wholesale Poisoning.—James Merton living near Salem, Ill., died from the effects of poison on Feb. 13. His two daughters became quite ill and Dr. Thos. J. Green was summoned. The doctor ate some biscuits the next morning at the Merton's as well as Mr. John English and they soon were also quite ill. The account received goes on to state that one lady who had eaten but one-half of a biscuit was able to move about and gave the alarm to the neighbors. Subsequent investigations proved the cause of this wholesale poisoning to have been arsenic in the flour. At last accounts all the victims had passed all danger.

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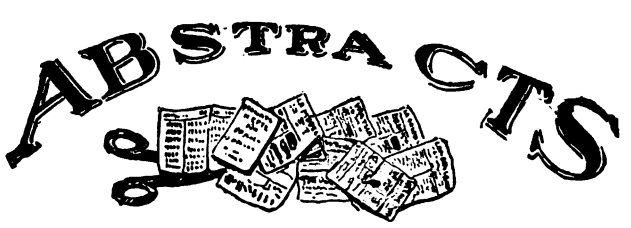
Procreative Ability after Castration.—Massazza reaches the following conclusions as the result of some experimental researches undertaken in the laboratory of legal medicine at the University of Pavia (*Boston Med. and Surg. Jour.*):

1. Castration does not immediately deprive an animal of *potentia coeundi.*

2. One can find, for some time after removal of the testicles, normal spermatozoa in the different ducts and in the seminal vesicles.

3. These spermatozoa do not always retain their fecundating power.

4. Only those zoosperms are fertile which preserve their characteristic movements, or which can recover those movements by special treatment.

5. If one finds in the liquid withdrawn from the different ducts or the seminal vesicles zoosperms with the body detached from the tail, he may conclude that all the spermatic filaments are dead.

6. The fecundating power of zoosperms found in the seminal passages of animals castrated does not continue more than nine days after operation.

7. If one applies to the human subjects the results demonstrated in animals, one may conclude that the activity of the zoosperms lasts a short time only, and does not extend beyond the ninth day after the operation.

8. As it is probable that a man who has just been mutilated by castration will hardly feel capable of sexual intercourse during the nine days which follow the operation, the procreative potency of men who have been thus deprived of both testicles may be absolutely denied with confidence.

Tape-Worm.—Dr. T. W. Shaw, of Pittsburgh, states that he has great faith in the efficacy of the following medication for tape worm:

℞ Kameela. - - - - - - ʒj.
Ethereal extract male fern, - - ʒij.
Syr. acaciæ, - - - - - - ʒj.
M.

Sig. To be given in two doses, one half on rising in the morning, and the other half two hours afterward. A dose of castor oil to be given one half hour after the last dose.

He states that he has succeeded in dislodging and discharging six tenia saginata in their entirety by the above medication.

Rhinolith.—Dr. P. Wismann reports an unusual case in the *Corr. blt. f. Schweit Aertz.* In an operation he practiced on a woman of 62, he found that she suffered from a fearful ozena. In probing the nasal cavity he encountered a hard body which he extracted with a pair of forceps, in fragments. The concretion was as large as a walnut and had a cherry-pit for a nucleus. The concretion consisted of a lime salt. The woman did not remember ever having introduced a cherry-pit in her nose, and she had suffered from ozena since her earliest childhood, the author concludes that this foreign body must have been lodged in her nose about 60 years, during which time it could have grown to a tree of stately proportions, had it been in more favorable soil.

Pudendal Hematocele.—This condition in the non puerperal state is considered by Dr. E. Stuver (*Jour. Am. Med. Asso*) who in conclusion, presents the following summary:

1. Pudendal hematocele, in the non-puerperal state, is a pathological condition of rare occurrence.

2. It is always procured by falls, blows, kicks or external violence of some kind.

3. If the effusion is extensive, the tumor should be freely incised, the clots removed and the cavity thoroughly irrigated with a reliable germicidal solution; this should be used as hot as it can be borne for its hemostatic effect.

Hemorrhage should be controlled by tampons, pressure and such other means as the exigencies of the case may demand.

Rubber Foot Fever.—If a man has a corn, says the *India Rubber World*, it can be removed, but if he is suffering from rubber foot fever, no chiropodist can help, and the only thing to prescribe is liberal bathing of the feet and removal of the cause. Rubbers should only be worn to keep wet out, and they should be removed the moment the wearer gets indoors. Failure to note this gives a man wet feet in a far worse sense than if he waded through mud ankle deep. It was the trouble resulting from forcing the perspiration to soak the stockings and keep the feet perpetually damp that drove rubber-soled boots out of the market. Even loose rubbers are a source of danger and the cause of more serious colds than they avert.

Inhalation for Whooping Cough.—Beall recommends, as an inhalation for the treatment of whooping-cough, the following mixture (*Nat. Drug.*):

℞ Thymol, - - - - - gr. xviij.
Carbolic acid, - - - - - ʒiijss.
Oil of safsafras,
Oil of eucalyptus,
Oil of turpentine,
Oil of tar, - - - - - aa ʒij.
Ether, - - - - - - - ʒj.
Rectified spirit, - - - ad ʒiij.
M.

About 30 drops of this mixture are placed on a handkerchief, and the child made to inhale it. This application is to be repeated every two or three hours.

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Poisoning by Epsom Salts.—It is stated by the *Medical Bulletin* that in an English medical journal Dr. Sang records a case of fatal poisoning by epsom salts. A woman of about 35 years of age, having obtained "twopennyworth of salts," emptied the packet, containing 4 onnces, into a tumbler, added sufficient hot water to nearly dissolve the salts, and drank the whole. When Dr. Sang was called in shortly afterward, he found the woman suffering from a burning pain in the stomach, difficulty of breathing, and a sense of loss of power in the limbs, but there was no vomiting or purging. An emetic of 30 grains of zinc sulphate failed to act, and, before a stomach-tube could be obtained the patient fell into a collapse, followed by death about one hour and a quarter after taking the salts.

Stage of Invasion in Locomotor Ataxia.—Dr. H. M. Cash in a paper on spinal sclerosis posterior gives the following in regard to the stage of the invasion (*Lancet Clinic*): In this the following phenomena are presented:

1. Pains of a sharp, quick, lightning-like character, which in the beginning occur only occasionally, afterward more frequently and paroxysmally, leaving in the muscles of the affected parts, commonly the lower extremities, a sensation of soreness. It is in this stage that mistakes in diagnosis are liable to be made. Pa- are treated for rheumatism or neuralgia or both.

2. The spinal reflexes, particularly that of the pa tella, are either feeble or entirely absent.

3. There is delay in the conduction of sensation; that is, a "perceptible interval of time" elapses between the touching or wounding of a part and its perception by the brain. This may amount to several seconds, and is a most important point in the diagnosis.

4. At first, immediately after the attacks of the lancinating pains, there is ordinarily hyperesthesia. But it is of short duration, and later on anesthesia takes its place.

5. The sexual appetite is increased, and excesses often committed even by those whose habits had been the very opposite. Until it was shown that this was inci dental to, or more probably a result of, the condition, it was very generally believed that sexual over-indulgence was a prominent factor among the causes of the disease.

Gouty Diabetes.—This rather complicated condition is one which requires great care in its therapeusis, and its treatment is frequently of a prolonged character. Many methods have been proposed with more or less success attendant upon their application. One of the best which has been devised is that of Dr. Martineau, of Paris, who has definitely cured 67 out of 70 cases, in the past twelve years. Dr. Dujardin-Beau metz has also recommended and even adopted this treatment, in which they have employed carbonate of lithium and arsenic in such a manner as it is combined and manufactured by Enno Sander, of St. Louis, whose formula is as follows:

℞	Lithium bicarbonate, -	gr. 5.514.
	Sodium arseniate, - - -	gr. 0.100.
	Carbonic water, - -	℥ 16.00.

M.

This quantity, which is the contents of one bottle, should be taken mixed with claret wine, at three successive meals. The diet need not be restricted, with the exception of starch, sugar and fruit. The latter articles should be prohibited, but in so far as the rest of the diet for diabetes is concerned, considerable freedom may be permitted. In taking the water care must be exercised to drink it either during or immediately after eating, although it is a better method to take it during the course of the meal. The addition of the carbonic water renders the remedial agents less irritating to the stomach and also adds to its palatable qualities.

Heredity in the Prevention of Disease.—The influence of heredity in the propagation of disease has been so often spoken of that its influence in the prevention of disease is refreshing. Dr. Woods Hutchinson discusses the subject (*Med. News*) saying that heredity is not only vigorously limited in its influence for evil, but is the very basis of all remedial action. And, when we come to examine it closely, its evil influence is almost purely of a negative character—an absence of vigor, not the presence of a virus. Inherited deficiency suffers and cries out loudly for relief. Inherited vigor can take care of itself, and is silent with the great, calm silence of Nature. Are we not in danger of allowing our view of the question to be unconsciously influenced by this state of affairs even to the extent of regarding and speaking of disease as an independent entity with boundless powers of self-propagation and extension?

Defective nutrition is a more powerful factor than heredity, as shown by Brannan's tables, for, of the 690 cases, with no hereditary tendency whatever, that were below the standard weight 30 7% died of tuberculosis, as against 27% of 252 cases of all weights having such hereditary tendency; while, more significant still, of those having such tendency who were above the stand- and weight, only 6% died of tuberculosis, as against no less than 48% of those of this group who were below standard weight. In other words, a mere increase of 15 pounds in weight seems capable of annulling the strongest hereditary tendency, for the 6% of mortality of the heavy-weights among the predisposed is within a fraction of the percentage in the same class of the non-predisposed.

To sum up roughly, we find a tainted pedigree—

Among 57,000 cases of insanity,			in 10.1 per cent.
" 30,000 "	carcinoma,		" 10.5 "
" 22,000 "	tuberculosis,		" 37.3 "

These estimates are, of course, made on far too narrow a basis to be regarded as in any way conclusive, and

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their reliability for positive purposes is open to serious question in many particulars, but I think they at least justify us in demanding, in answer to the charge that heredity is, in any sense, a prominent or active factor in the production of disease, the Scotch verdict of "Not proven."

On the other hand, all the remedial power of Nature, individual and racial, all the vigor that defies the attack, all the priceless immunity from disease, all the exquisite harmony with environment that surrounds us on every hand, are the direct results and illustrations of the law of heredity. Its beneficent effects are innumerable and unquestionable; its injurious effects few and doubtful.

A New Discovery.—M. F. Weyman states in the *Medical Age* that he has succeeded in showing and demonstrating the parasite causing chalazia to form in the Meibomian glands of the lids. Physicians thought for a long time it was a mere retention cyst. Pathologists soon showed it to be a granuloma. This discovery, however, added difficulty to the subject of etiology, because all admitted that long-continued irritation was necessary for the production of granulation tissue. The fungus explains all this. It is made up of a heavy mycelium, and produces abundant spores. A section placed in a few drops of a 33% solution (aqueous) of caustic potash will soon dissolve, if gently warmed. The mycelium alone remains. The demonstration is exceedingly simple. He has given the parasite the name of Fungus Chalazicus.

Contagiousness of Leprosy.—Our readers may remember Dr. L. D. Bulkley's conclusions on this subject which we published some time since. Dr. Charles W. Allen opposes these in a letter in the *Medical Record* in the course of which he says that leprosy is as unnecessary in this country as it is undesirable. It should be stamped out now as a matter of public economy, and its suppression not delayed until millions will be required where now dollars will do the work. Dr. Bulkley apparently admits that the disease is due to a bacillus, and that this bacillus is the same the world over, and that "where it has apparently been absent there probably has been some failure in the technique," and this being so it is not impossible for the disease to arise by contagion, but that the degree of contagiousness "must be extremely small."

The writer is further quoted as saying that contagion could not apply to certain instances which had come under his observtion, having seen several cases of leprosy developing in this country in patients who had never come in contact with any leprous person. How can such a statement be made? How many physicians, even, can recognize a leper on the street?

The talk about contagion is utterly futile to Dr. Allen's mind. It practically makes no difference whether the disease is contagious "in the ordinary acceptation of the term" or not. If, as Dr. Bulkley admits, there is strong reason to suspect that the bacillus may be introduced into the system by way of food, and that "there is evidence that the disease might, under favorable conditions, be transferred from one person to another," then how can he consistently add to his conclusions "there is no necessity for segregation." How does the bacillus get into food if not from a subject of leprosy.

What difference does it make by what name you call it if one person, having the disease, is in a position to transmit it to another, or why is such a person not as much a source of danger as though the one man in five thousand who is going to get the disease from him does it by drinking from the same cup or shaking the leper by the hand. An effort is now being made to secure some legislation in the matter and it is important that no misleading views should go forth. Let us drop the word "contagion" in reference to leprosy and speak of it, as most of us believe it and some of us think we know it to be, a dangerous but preventable disease.

How to Administer Bromoform.—P. W. Bedford writes to the *Pharmaceutical Record* that recently his attention was called to a prescription in which bromoform had been prescribed in a formula that at present seems to be one quite in vogue. The bromoform with a little alchol, syrup and water are the ingredients. Of course the bromoform is precipitated, and usually forms a globule at the bottom. The usual "shake" label and directions were on the bottle, but in the case alluded to it was very evident that if the persons who administered the remedy did shake it, then it was not poured out quick enough to retain the suspended bromoform. The result was that the child received most remedial of the in the last doses. The effect of it was marked, and somewhat alarming on the young child, who was for a time in a comatose condition. In conversation with the physician he suggested that the formula for its administration was in fault, and as the opportunity offered to prepare it for him a couple of experiments were made, and the following combination is suggested as eminently satisfactory in all respects:

℞	Bromoform,	♏xvi.
	Alcoholis,	ʒij.
	Glycerini,	ʒxij.
	Tinct. cardam. co.,	ʒij.

M.

If mixed in the above order it is a perfect solution, pleasant to the taste and the eye. Each fluid dram contains one minim of the bromoform in perfect solution, and the dose for varying ages can be adjusted readily. The point to observe is to see that no water enters into the composition of the mixture.

Caustics in Cancer.—Dr. Daniel Lewis does not seem to be favorably impressed with the use of caustics in cancer (*Med. Rec.*). He has found them very inferior to the knife in cancer of the breast and other large malignant growths. Marsden insists that no

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cancer of more than four inches in extent should be thus treated, and only one square inch at a time, and the case very carefully watched. The surgeons of the London Hospital state that even Marsden himself seldom employs the paste. They have substituted an application called Bougard's paste, after the Belgian surgeon who first published the formula in his work on caustics. This author brought it forward as a cure for mammary cancer, but as such, in his judgement, it is open to the same objection as all other caustics; but in cutaneous and lip cases, in fact all surface epitheliomata, where any escharotic is admissible, this is by all odds the best we have at present. It is less painful than Marsden's forms a more dry and friable slough, can be safely applied to a larger surface, and can always be prepared and ready for instant use, for in a covered jar it will keep for many months. With both pastes the surface must be denuded, if necessary, by caustic potash to render the action prompt and effective in the shortest possible time. Bougard's formula is as follows:

℞	Wheat flour, - -	grammes 60.
	Starch, - - - -	" 60.
	Arsenic, - - - -	" 1.
	Cinnabar, - - -	" 5.
	Sal ammonia, - - -	" 5.
	Corrosive sublimate, -	centigramme 0 50.
	Solution of chloride of zinc at 52, -	grammes 245.

The first six substances are separately ground and reduced to fine powder. They are then mixed in a mortar of glass or china, and the solution of chloride of zinc is slowly poured in while the contents are kept rapidly moved with the pestle so that no lumps shall be formed. A thick layer of this is spread on cotton and left in position twenty four hours, and then managed in every way as Marsden's paste. Few cases require a second application. The ulcer may be dressed with balsam of Peru ointment of varying strengths, according to the stimulation required, and all exuberant granulations are to be kept in check by the usual methods. An excellent dressing, instead of the Peruvian balsam, is a five or ten per cent. aristol ointment, with vaseline as a base. However, this after-treatment is not of vital importance except in one respect, viz, healing under a scab in cancer cases can never be trusted.

Diet in Rheumatism.—Dr. James Frauenfelter gives the following (*Med. and Surg. Rep.*) as the best in his experience:

In the early stages of the disease it is not difficult as a rule, to restrict the patient to a suitable diet, as the difficuly usually is to get them to take enough nourishment, but during convalescence, and when the appetite begins to return, then it is difficult to make a patient believe that a good supply of butcher's meat will retard his progress towards recovery. But as a matter of fact, those of us who have had much experience with rheumatism know that a return to solid food, and more especially the giving of meat too soon, is most likely to be followed by a relapse, because in acute rheumatism the system is loaded with waste products, the result of imperfect assimilation and the digestive functions are seriously impaired. So long, therefore, as the symptoms are acute, small quantities of milk, with some alkaline water, such as soda or lime water, should form the main part of the diet, besides these a little beef-tea, chicken tea, or mutton broth may be added. As the temperature falls and the acute symptoms subside, vegetable soups, bread and other starchy foods may be gradually added to the list; gruels, malted-foods, arrowroot, rice, the yolk of an egg beaten up with milk, and a small quantity of brandy. As convalescence progresses, fish, oysters, and chicken may be allowed once daily. The above line of diet should be adhered to strictly until all symptoms of rheumatism have entirely disappeared.

As a rule ales, wines, and the stronger alcoholic liquids are objectionable, except where the action of the heart is feeble, or in the latter stage of the disease.

Bacteria and Disease.—Dr. G. Sims Woodhead contributes a most excellent paper to the *Lancet* on the bearing of recent biological researches on the practice of medicine and surgery in the course of which he states that now that bacteria have been accepted as being the cause of specific infective diseases, we are able to explain certain of the peculiarities of the outbreaks of epidemic diseases, and, having traced these to their source, our prospects of being able to modify or to cut them short are certainly much brighter than they have ever yet been. Even the mystery-enshrouded influenza must gradually yield some of its secrets, and it is already reported that isolation and disinfection have done much in certain crowded institutions, such as asylums, to cut short the ravages of the epidemic. If we are to accept what those who have studied the organism found in the tissues and cavities of the body in this disease have told us, we have an organism which, though under certain conditions extremely virulent and readily transmitted directly from patient to patient, soon loses this virulence when grown outside the body; it should, therefore, with proper precautions, be quickly banished from our midst. If people will once accept these facts, the spread of the disease might be rapidly checked. One important point to the borne in mind is that this modification of virulence does occur, and for some reasons it is most unfortunate that this should be the case, as in this modified form the attacks of the disease are so mild that they are treated with contempt by those who suffer. On the other hand, it should be remembered that in any disease, if the organisms associated with it are not killed off, their virulence in most instances becomes increased; this appears to be especially the case in influenza. It is this same organism, rendered virulent by its passage through a series of patients, acting on weakened tissues that proves so fatal; but the relation between the milder attacks and the severer forms of the disease has till quite lately been entirely ignored, with the consequence

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that few precautions as regards isolation and disinfection have been taken, and the disease has been allowed to spread, with the result that the organism from the mild case, finding its way to people of lowered vitality and with little tissue resistance, has set up a severe and often fatal form of the disease.

Hematoma of Vulva Post Partum.—Mr. Fred. W. Mann, describes a case of this rare condition in the *Lancet* as follows:

Mrs. H——, residing in Huddersfield, aged thirty-four years, multipara (married sixteen years), seven labors and three miscarriages. The patient always enjoyed good health during her married life, is above an average sized and strong-looking woman. Last miscarriage four years ago; youngest living child nearly three years old; last menstruated about Sept. 5, 1890. All her labors, with the exception of the first, were pretty easy, the last being very easy. I was called to see Mrs. H—— on Sunday, May 17, 1891, at 9:30 P.M. On vaginal examination the following was made out: Head at pelvic brim, os well dilated, and membranes almost down to vulva. I ruptured the membranes, and the head descended and presented; in about an hour the labor was completed without any further assistance. I inspected the perineum which I invariably do, and it was not in the least injured. I gave her a drachm of ergot by the mouth, washed and bound her up, and after taking the pulse, which was about 90 per minute, left. About 3 A.M. the same night the husband came for me, and said that something had come down; he thought it was the womb. I refused to go, being absolutely sure the uterus could not by any possibility have become prolapsed. After a little while the daughter came for me crying, and said that her mother was dying. On my arrival the patient was perfectly blanched, sighing, gasping for breath, vision obscured, and picking at the bedclothes. On visual examination a swelling the size of a man's skull was observed between the thighs, which was a hematoma of the left side of the vulva. I applied a cold antiseptic cloth, and went for Dr. Macgregor, whose patient she was, and whom I was assisting at the time. We went back together immediately, to find that the patient had burst the sac and was lying in a pool of blood. Dr. Macgregor examined her quickly, and confirmed my diagnosis. He then increased the rent, turned out the clots, syringed the cavity with hot antiseptic lotion, and plugged with sterilised gauze. Brandy and soda-water and milk were freely administered. The plug was removed twenty-four hours after, and not replaced. Subsequently she was syringed out by me twice daily with sublimate for ten days, and then continued it herself. She recovered without a bad symptom, and without a rise of temperature.

Metatarso-Tarsal Dislocation in a Child.—Mr. Geo. Hardyman reports the following case in the *British Medical Journal:* On September 28, 1887, M. L., aged about 7 years, came complaining that a vehicle had run over her foot. On examination a mark of bruising was visible on the back of the leg, midway between the lower end of the calf and the ankle-joint, the foot having been doubled upon itself in an antero-posterior direction. There was also on the dorsum of the foot, in the metatarso-tarsal region, two swellings in the region of that joint. This was not a bruise, and on examination proved to be a dislocation of the first, third, and fourth metatarsals on to the dorsum of the tarsal bones. The facets were easily distinguishable. The second and fifth metatarsals were not dislocated, dislocation of the second metatarsal being saved from the peculiarly strong position of that joint. The third metatarsal was inclined abnormally outward. There was crepitus. He took a cast of the dislocation, which showed the features of the dislocation with clearness, and then under chloroform reduced each metatarsal separately, the method being pressure with the thumb downward while using extension. The fourth metatarsal required a pad to keep it in position after reduction of the dislocation, the reason here being due to the more or less wedge-like form of its proximal extremity antero posteriorly.

Poisoning by Hyoscine.—D. Adler, of Breslau, publishes particulars of a case of poisoning by hyoscine, says an exchange. A man employed in the chemical laboratory used a glass for drinking purposes which contained a deposit of hydrochlorate of hyoscine. In a quarter of an hour he was attacked with vertigo, and gradually became unconscious. An hour and a quarter after taking the poison he was seized with convulsions, and rapidly became comatose. Upon arrival at the hospital he was found to be suffering from trismus, with occasional clonic spasm of the muscles of the lower jaw and of the limbs. The stomach was washed out, but no traces of hyoscine were found in the fluid withdrawn. Two centigrammes of morphia were immediately given hypodermically, after which the convulsions ceased, but the rigidity lasted until 5 o'clock in the evening. A hypodermic injection of one centigramme of pilocarpine was then given, but the effect of it was not apparent until 3 o'clock next morning, when the coma had given way to a drowsy condition and the pulse had dropped to 104. At 5 A. M. the patient was able to answer questions. He, however, became extremely restless and excited. He was put under the effect of chloroform, and in a quarter of an hour he slept quietly. On waking he complained of great weakness, his gait was uncertain, and his pupils widely dilated. His urine contained hyoscine. He eventually entirely recovered.

Extraction of Extended Arms in Breech Labors.—In an elaborate paper on this subject (*N. Y. Jour. Gyn. and Obst.*), Dr. Robert L. Dickinson gives the following as the most successful maneuvers to follow:

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1. Twist the child's body so that the shoulder lying nearest the sacrum is carried toward the sacrum.

2. Draw the legs and trunk sharply toward the opposite side and somewhat forward until the scapula is felt. This drags the elbow down near the brim.

3. Slip in two fingers (or the flat hand) well forward under the pubic arch and reach along the child's humerus to the elbow.

4. Push the arm across the face, and then sweep it down to the chest and across it, and out of the vulva.

5. Rotate the body to bring the remaining shoulder back toward the sacrum, and the liberated arm under the symphysis.

6. Slip the fingers of the other hand under the pubic arch and along the child's arm, and attempt to sweep the elbow past the face.

6a. At the same time the other hand on the suprapubic region must push the occiput in the opposite direction, so that the head turns on the neck, and elbow and face go over together.

This last maneuver is the one to which he wishes to draw attention, as all the other steps are well-recognized methods.

The arm "jams" between the projecting face and the projecting promontory unless the external assistance is employed. The greater the force used to push the elbow across the face, the greater is the resistance unless such external assistance is called into play.

A Case of Poisoning by Pilocarpine.—A Belgian officer with an affection of the eyes was treated by the injection of two centigrammes of this drug. Immediately his neck and then the whole of the body became bathed with sweat, in two or three minutes he was salivated, and suffered from cardiac oppression and difficulty of breathing, he fancied his chest was full of fluid, and afterward he expectorated some frothy mucus. The cardiac oppression lasted about ten minutes, but for two hours the patient continued to have a feeling of constriction at the pit of the stomach. During this time he suffered from lachrymation, running from the nose, gastralgia, and nausea; he vomited three times, and passed his urine involuntarily. The intestinal peristalsis became violent and he had tenesmus. His eyes were fixed, and he could not recognize anyone twenty centimeters distant. The pulse was quick and small, the sufferer being in a condition bordering on collapse. By means of internal and external stimulants the symptoms disappeared.

Preservation of Meat for Ten Years.—A gentleman in New York has recently tested the result of preserving a turkey in a refrigerator for ten years. This time having elapsed, the fowl was removed from the refrigerator and after being properly cooked was eaten by a party of gentlemen. While putrefactive changes seem to have been entirely absent it was found that the meat was practically useless.

Buffalo Letter.

Editor MEDICAL REVIEW.—The January semi-annual meeting of the Erie County Medical Society was held in two sessions, most of the business being disposed of in the morning and a large share of it consisting—as one member remarked—"of washing the dirty linen of the society." The question came up in discussing the resignations of two members who intended engaging in non-ethical medicine, whether any one, even if in previous good standing, could resign. The by-laws apparently gave no one that privilege and the matter was tabled for further consideration. A literary program had been arranged for the afternoon, but not much interest was shown and the only papers read were the President's Address, Dr. E. C. W. O'Brien; "Laparotomy Six Times in the Same Patient," Prof. M. D. Mann; "Report on the Practical Use of the Metric System," A. L. Benedict; "Senile Gangrene," Prof. Herman Mynter.

Dr. Mynter recently removed from a man of 55 a scrotal tumor, five inches long, two in its other dimensions and of six years' duration. It extended up the inguinal canal, over the top of the bladder and displaced the intestines. There was tympany over it. During the operation it was punctured and foul gas escaped. It was then thought to be an epiplocele surrounding intestine. After following up the inguinal canal and peeling off the peritoneum from the bladder, a pedicle was finally found and the tumor removed. It was of mixed type and Dr. Mynter considered it the result of adenomatous change in the testicle itself with cystic formations. He also reported a cystic adenoma removed from the breast of a woman aged 36. The tumor had two compartments, holding a pint of fluid under such tension that on incision it spurted into his face.

Dr. Fridolin Thoma has recently been acquitted of the charge of hugging and kissing a married patient. The woman, even in the court room, presented marked symptoms of hysteria, and it was shown that the only foundation for the charge was that in listening to the heart, Dr. Thoma had placed his hand on the woman's back.

At the last meeting of the Medical and Surgical Association, Dr. J. W. Grosvenor read a paper on "Hospital Treatment for Alcoholic Inebriates." He thinks the inebriate should be treated as the victim of a disease—with which view many of the members present disagreed—and advises hospital treatment on account of the better control of the patient, the removal of

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temptation, the possibility of the complete withdrawal of alcohol and the prevention of acts of lawlessness and the procreation of children who are likely to be cursed not only with the alcoholic habit but with imbecility and other nervous troubles. Thirty to sixty per cent of inebriates are cured by treatment in special asylums and the inebriate, like any other insane person, deserves the greater skill of a specialist. In Buffalo alone, two or three thousand delirium tremens patients are treated yearly and yet there is no place provided especially for them. Referring to the Keeley treatment he believes the moral effect and the withdrawal of alcohol to be of greater service than the bichloride of gold.

Dr. C. C. Frederick read a paper advocating vaginal hysterectomy for malignant disease. One-third of all cancers in women occur in the uterus, and nearly all result fatally without surgical interference. High amputation is not sufficient. The ligature should be used instead of the clamp. There is recurrence in about 40% of all cases operated on, more than there would be if the knowledge of the early symptoms of cancer were as well known popularly in America as they are in Germany. Immediate death follows in three or four per cent with ligation in ten to sixteen per cent when the clamp is used. Careful attention to the details of antisepsis is necessary but the technique is not difficult.

Some description of the operative technique in vogue at the General Hospital may be of interest. Dr. Park has almost abandoned the use of ether, preferring chloroform. A saturated solution of hydronaphthol in water (about 1:1100) is used for instruments which are first sterilized by dry heat. In dirty cases when especial care is necessary, the field of operation is washed, shaved and enveloped in an antiseptic dressing for several hours or a day previous to operation. For many purposes bichloride of mercury has been supplanted by a potassium permanganate solution in which the hands, after thorough scrubbing, are immersed. Bleaching is accomplished by following this with a solution of oxalic acid. Both Dr. Park and Dr. Mann, the gynecologist, use drainage as little as possible. Iodoform, which for a year or two was almost given up for zinc oxide, is again in favor. In order to prevent the sticking of dressings, Dr. Park smears the neighborhood of the wound with vaseline. Instead of ordinary means of irrigation, the compressed air spray is used, the various solutions of hydronaphthol, bichloride, hydrogen peroxide, antipyrin (5% as a styptic) being attached as required. Sponges have almost entirely given place to pledgets of absorbent cotton. The buried suture is growing in favor; even to close the skin wound, the catgut is inserted just through the tough inner layer in a continuous suture, tying as often as is required to prevent slipping. The ugly cross marks of the old interrupted suture are avoided. A. L. B.

San Francisco Letter.

Editor MEDICAL REVIEW.—San Francisco must be the Mecca for medical sharpers—never before have we seen such a multitude of humbugs and never before have they thrust their quackery so prominently before the public. The handbills of "A Born Physician," "The Human Microscope," and "A Single Hair for a Diagnosis" are forced upon you on every side on the most fashionable streets. While walking three blocks on Market Street, I had seventeen quack circulars put into my hands and pockets. The sidewalks are littered with these papers, yet there are ordinances against it and with two regular physicians and one druggist on the board of supervisors should have sufficient "pull" to put an end to it.

LA GRIPPE has left the genus homo for the present and its frisky bacillus has found a good habitat in the blood of the genus equinus. One of the large breeding farms in the Santa Clara Valley claims to have lost colts in the last few months of the value of $50,000 from la grippe, and many physicians of this city tell me that they have been unable to get around properly on account of their horses being sick with it.

MEASLES.—While hardly epidemic cases of measles are not infrequent in all the cities and towns around the bay. Scarlet fever also is prevalent in sections in nearly every part of the State, even extending up into the Sierras at an altitude of 7,000 feet. The old practitioners insist that scarlet fever has never been up there and still call their cases *roseola*, although they are losing patients with acute nephritis and treat as sequelæ many instances of otitis media.

COUNTY MEDICAL SOCIETY.—At the meeting last evening Dr. Abrams showed a specimen of a right kidney removed post mortem from a man who, during the last ten years had been treated by the most able men in Berlin, Paris, New York, and this city for cystitis, with never a suspicion of any kidney trouble, the patient never complaining of any pain or colic at any time. At the autopsy the bladder was found perfectly healthy, while a calculus as large as a proximal phalanx was wedged in the ureter with a pyelitis of apparently years' standing.

LAPAROTOMY.—Dr. McLean made an operation for intestinal obstruction on a man 46 years of age. No stool for about twenty-one days and the patient being moribund at the time the operation was attempted. The abdomen was opened in the median line, an ample incision made and the cavity explored thoroughly, but to no purpose. At the autopsy the vermiform appendix was found firmly adherent to the ilium about four feet from the head of the cecum and re-enforced by a strong band of lymph, nearly shutting off the calibre of the ileum. It seemed strange at the autopsy how the condition could have escaped notice at the operation, yet there was a careful search made.

SHAMEFUL STATE OF THE HOSPITALS.—The members of the profession are very much exercised over the strictures on our hospitals which appeared in the January number of *The Hospital*, comparing some of them, particularly the Public Hospital, to workhouses, and calling them "A burning disgrace to the age and

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state." While we feel very sore, yet we are compelled to admit that even more of the kind was deserved.

Feb. 10, 1892. S. J. HUNKIN.

Boston Letter.

Editor MEDICAL REVIEW.—At the January meeting of the Suffolk District Medical Society, a very interesting discussion took place on the subject of compound dislocations and fractures involving the ankle joint. In pre-antiseptic days, compound injuries to the ankle, especially dislocations with protrusion of the astragulus, always meant very serious results and many times amputation. Dr. Scudder at this meeting reported thirty-four cases, collected of various sources, of compound dislocation of the astragulus, happening in recent years, in which the results were invariably a useful leg, al though the motions were often much restricted. Dr. Park showed two cases which he had treated at the Boston City Hospital, both adults, men; one a case of dislocation of the astragalus through the skin, and the other a similar dislocation, but with the bone badly fractured. In the first case the bone was replaced and as the patient himself says, one foot at present is as good as the other. In the second case loose fragments of bone were removed, representing about one-half of the whole astragalus and the remaining portion was replaced. The patient has perfect use of the foot, all motions are nearly normal and it is almost the exact counterpart of its mate. The treatment in the last two cases consisted in enlarging the wound, thorough cleansing, counter-opening on the other side for complete irrigation, replacement of the bones in position, suturing the wounds without drainage, proper dressing, and circular plaster-of-Paris bandage, the whole allowed to go untouched for about three weeks. Such perfect results were certainly surprising when one considers the severity of the injury.

IMPERFORATE RECTUM.—This condition has been treated in various ways with equally varying results, and with a very high mortality rate. Such a case was treated a short time ago by Dr. Buell at the Boston Children's Hospital in a unique way and with the most gratifying result. The child was four days old when operated upon. Through a linear incision in the fold of the nates the lower half of the sacrum was removed, similar to the operation described by Kraske in the treatment of cancer of the rectum, the bowel was then drawn down and stitched to the external wound. The result is most satisfactory, the child is in good condition, the bowels are regular and the anus is only a little above the normal opening which is a great improvement over the location of the anus resulting from a colotomy which has been done so many times.

A Diagnosis Wanted.

Editor MEDICAL REVIEW.—On February 2, in attending Mr. S. for chronic gastric catarrh, his daughter, aged 17 years, a school teacher by occupation, informed me that she was suffering from a severe headache, and requested me to leave something for it, which I did. I made two powders consisting of equal parts of acetanilid and phenacetine about gr. iv. She took one at once and went to bed and rested very well that night, and in the morning ate a very hearty breakfast. About 10 A. M. her head commenced aching; she had then taken the other powder and, in a short time, went to sleep. The mother went into her bedroom to call her for dinner but could not arouse her. About 4 P. M. the family becoming alarmed as to her condition, sent a messenger in hot haste for me. When I got there I I found her in a semi-comatose condition, pupils dilated, heart's action feeble, breathing slow and laborious. When spoken to several times she would answer very slowly, and complained of nothing but her head—occipital portion. I had great difficulty in getting her to swallow anything. The muscles of deglutition seemed to be partly paralyzed. When let alone she would mutter and moan. I worked with her some five hours when she came to and I could talk with her intelligently. When she was fully aroused she complained of pains in the back, a part of head, and spinal column in the cervical region. She continued to be more or less drowsy for some three days. I applied a blister to the spine and nape of neck. This seemed to give considerable relief as soon as the blisters formed. The interesting point is this: Was the cerebral trouble due to phenacetine and acetanilid? which I am sure it was not; although the family supposed it was. One point that I have failed to mention was this: Some ten days before she was taken sick she was studying to pass an examination for a first class grade certificate which she was very desirous of obtaining. I am of the opinion that her cerebral trouble was due to overwork and not to the powders as I have never had any trouble from the combination, and use them quite frequently.

Phillips, Neb. C. H. HUSTEAD, M.D.

[From the description given the possible existence of basilar congestion might be surmised.—EDITOR.

Some Useful Suggestions.

Editor MEDICAL REVIEW.—Some of your readers may be benefited through the use of the following and receive hearty commendation from their patients:

For scalds, burns and frost bites, apply pure collodion or collodion two parts to one of oil ricini and as soon as the coating begins to scale off repeat the application and wrap with absorbent cotton or cotton batting. The immediate application of the above after a scald or burn will give almost instantaneous relief.

For articular rheumatism with swelling and severe pain of the knee, ankle, wrist and elbow joints, or with synovial effusion into the joints, first make free application of equal parts of oil gaultheria and olive oil, then wrap two or three thicknesses of cotton bandage and follow with plaster-of-Paris sufficient for a stiff coat, over and for some few inches above and below the joints, sufficient to control movements of the joints; allow to remain from four to six days or until swelling and pain has subsided. This will be found a most agreeable and effective way to control swelling, pain and effusion. W. T. COLLINS, M.D.

Livingston, Mont., Feb. 9, 1892.

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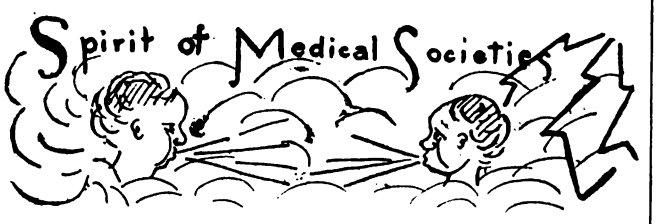

Malignant Syphilis.—At a recent meeting of the Johns Hopkins Hospital Medical Society, Dr. Morison presented (*Bulletin*) a case of malignant syphilis. He said: I bring it before you because such cases are now fortunately rare. With our present methods of treatment, syphilis is most generally a disease which we can keep well in hand without letting it get away with us, but there are, now and then, cases which seem to defy any treatment, and such is the one before you. Two years ago he had an ordinary chancre of the penis, followed by a roseola in due time. He came to us with a universal tubercular syphilide (rupia) of the most aggravated kind, extending from and over his head to his feet. There was hardly a clear spot upon his body.

Every kind of known treatment, external and internal, has been tried, including the subcutaneous injection of formamide of mercury, and they all seemed to be of no avail. At last the ulcerations became so extensive and offensive his whole body had to be dressed with antiseptic and soothing salves and all internal medicine stopped excepting an ordinary tonic. After nearly six months of this tedious treatment, with an occasional abortive attempt to use either mercury or the iodide of potash or both, he has improved as far as the ulceration of the skin goes, but he has grown worse in other ways. There is a perforation of the roof of the mouth, a partial loss of the septum of the nose, enlargement of both shins, and very painful and well-developed dactylitis. He can sleep very little, even after large doses of morphia, and, although he is at last able to take small doses of the salicylate of mercury, which by the way, is the best form of mercury I have found, the prognosis is very bad. He may die either from cranial endarteritis or from the syphilitic infiltration of some of the internal organs.

Antipyrin Idiosyncrasy.—At a meeting of the Dorpat Medical Society, Dr. Kessler related a case (St. Petersb. *Med. Woch.*) in which a woman of 40, otherwise healthy, had taken seven and a half grains of antipyrin. She soon had a burning in the mouth, heat in the head spreading rapidly over the entire body; then anxiety, dyspnea, and difficult respiration. The sweat became profuse, the pulse barely perceptible; fainting spells alternated with tonic spasms; in addition there was a binding around the neck, inability to swallow, and involuntary discharge of urine. A quarter hour later chills, vomiting, marked and painful itching, and burning of all the mucous membranes. Then supervened colic and the bowels emptied themselves. Sharp pains in the abdomen and involuntary urination again occurred. The uterine colic lasted three hours and was accompanied by hemorrhage from the genital parts followed by a mucous discharge which persisted some days. The urine which was copious contained large quantities of mucus. In about thirty-six hours a scarlatiniform rash occurred accompanied by itching of the mucous membranes. In about three days the whole process had terminated.

Congenital Malformation of the Heart.—Dr. Norman Moore showed the heart of a boy to the Pathological Society of London, aged 5 months, who was watched from the age of 3 weeks. The aortic arch was somewhat larger than usual, and perfectly developed. It arose from a left ventricle with very thick walls. Into this a mitral valve opened from a left auricle of about normal size. The foramen ovale was widely open, and the right auricle was of double its natural capacity and thickness. An opening through which an ordinary pin would just pass represented the tricuspid valve, and led into a right ventricle just capable of holding two pins' heads. From this a very minute pulmonary artery without valves issued. This nearly doubled in calibre as it came near the ductus arteriosus, which was patent. The circulation was carried on by the single ventricle, the pulmonary artery being supplied through the ductus arteriosus from the aorta. The blood from the hypertrophied right auricle was driven into the left auricle, and thence through the wide mitral valve into the left ventricle. The blood current must have been always mixed. The child was deeply cyanosed, but had no clubbing of the fingers or toes. It was always very short of breath, and never sucked well. The first and second heart sounds were audible, but no murmur was to be heard.

Glandular Cystoma of Ovary.—Dr. Harrington showed a specimen of glandular cystoma to the Obstetrical Society of Boston, and related the case. Two months ago the patient had acute pleurisy of the right side with large effusion. This subsided in a few days under the use of cathartics. Then ascites rapidly developed, and tumors feeling like fibroids were found. Three weeks ago she was tapped and twenty pounds of fluid drawn off, which was examined by Dr. Whitney, who said it suggested papilloma. Yesterday he performed laparotomy, as the ascites had come on in a few days. A tumor of the left ovary was removed. There was no evidence of disease of the peritoneum, although that was much inflamed. The tumor, which was soft and friable, resembling brain substance, nearly filled a basin. The fluid in the chest was apparently only a coincidence.

Excuse for Baldness.—

You laugh because I'm bald. Well, what of that?
That's where my dear old mother used to pat
Me daily on the head, and say, "Well done!"
And so, you see, where hair was now there's none.

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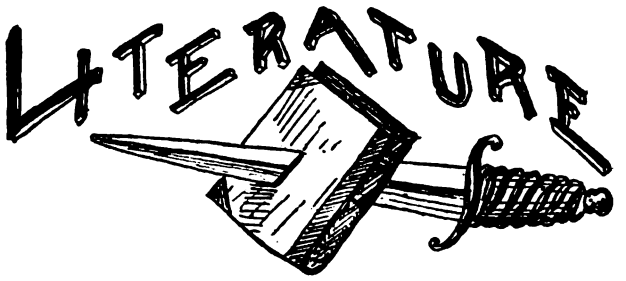

A Practical Manual of Diseases of the Skin. By GEORGE H. ROHE, assisted by J. WILLIAMS LORD, A.B., M.D. (No. 13 in the Physicians and Students' Ready Reference Series). 12 mo., pp. 303. [Philadelphia and London: The F. A. Davis Co. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $1.25.

In this little work the authors have had in view a manual for the use of students and practitioners and for this reason all theoretical considerations in regard to etiology and pathology have been discarded. As to the wisdom of this course we have nothing to say. The fact that the particular etiological factors frequently contain the key to treatment should however not be lost sight of, and while the book before us is an excellent guide to the introductory study of dermatology the reader should not hastily conclude that the authors desired to imply that no attention should be paid to these subjects.

We are somewhat disappointed at two omissions—a clear description of the lesions and a classification. We know, from personal experience with students and practitioners, that one of the most difficult things to acquire in the study of skin diseases is a clear conception of the objective lesions and unless they be well grounded in this particular respect, descriptions are a blank and meaningless. A good classification is a valuable aid in diagnosis, as it will greatly assist in the matter of diagnosis by exclusion or by analysis.

The different cutaneous affections are treated in a terse manner, but sufficient stress is laid upon each one to make it clearly understood by an intelligent reader. We must confess that we are somewhat disappointed in the therapeutics recommended in some places. Thus in pediculosis pubis the treatment is summed up as follows: "A few applications of mercurial ointment will suffice." This is not elegant pharmacy nor clean therapeutics; besides, it is a rather summary method of disposing of the subject. There are so many cleanly, elegant, and efficient methods that we are led to the conclusion that much of the work was written in haste.

However, as a syllabus and guide the book will serve its purpose well. The best chapter is undoubtedly that devoted to the cutaneous eruptions of syphilis which is clear and to the point. The descriptions are excellent and all the peculiarities inherent to the syphilides are well brought out.

The book closes with a formulary containing a number of well-selected recipes and such as are likely to prove of service.

Annual Report of the Supervising Surgeon-General of the Marine Hospital of the United States for the Fiscal Year 1891. 8 vo., pp. 354. [Washington: Government Printing Office. 1891.

The Marine Hospital Service is an institution of greater magnitude than physicians usually think it is. A consideration of the fact that in 1868 there were 64 places at which relief was authorized and 11,535 seamen treated, and in 1891, 210 places and 52,992 patients will furnish an idea of its growth and of the work which it is doing.

This report is by no means a dry official document but contains much that is of the highest interest to the hygienist and physician. A number of special medical and surgical reports are in the highest degree instructive and the reports of fatal cases, with necropsies are of great value as being the means of establishing positive conclusions. The statistical tables are elaborate and are of use in many respects to the student of statistics.

Among the recommendations made by the Supervising Surgeon-General (Dr. Walter Wyman) is that of establishing a national leper asylum. He states very justly that no State will undertake to care for the lepers within its confines, in this manner, and that a national institution is the only practical manner of dealing with the problem of the proper segregration of lepers. We are inclined to disagree with Dr. Wyman when he states that the advocates of the non contagiousness of leprosy are such in order to justify their reluctance to have lepers confined. The question is really one *sub judice* and the arguments so nearly balanced that it is scarcely doing justice to men of known integrity and ability to imply such a motive for their actions in this matter.

Gleet.—So uniform has been our success of late in handling cases of gleet (*Memphis Med. Jour.*), that we hope to encounter but little trouble in the future with this annoying class of patients. Aware of the fact that most of these cases have urethral strictures, thickenings or narrowings, etc., it has long been our custom to use an alterative in conjunction with such local treatment as we might adopt. Since the introduction of Renz & Henry's Three Chlorides we have adopted this remedy for internal use and have gradually come to abandon all local effort, and now get quite as satisfactory results without as with the latter. The protracted use of the remedy is of course necessary, as is the protracted use of any other remedy or combination of remedies in chronic gonorrhea.

Physicians and other readers of the REVIEW should not fail to examine its advertising pages, where much that may prove of interest will be found.

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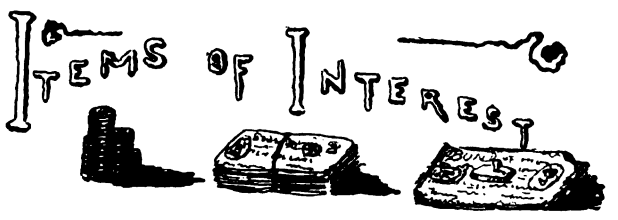

King George, of Greece, has been suffering from the small-pox. He is the favorite brother of the Princess of Wales.

Typhus Fever has made its appearance in Pittsburgh, according to telegraphic dispatches. Steps have been taken to quarantine the patients.

Dr. C. A. Smith, of Tyler, Tex., Chief Surgeon of the Cotton Belt Road, was married last week to Miss Elizabeth Bonner, at her home in Tyler.

The Medical Association of Georgia will hold its forty-third annual session in Columbia, April 20 to 22. A good attendance is expected.

Mr. Lawson Tait has been invited to act as chairman of the Belgian Congress of Gynecology and Obstetrics, to be held in Brussels in the autumn, and has accepted.

The Croonian Lecture of the Royal Society will be delivered this year on March 24 by Professor Angelo Mosso, of Turin, who has chosen as his subject, "The Temperature of the Brain."

Mrs. Annie Louise Cary-Raymond's latest gift to the Maine General Hospital is a complete outfit for two rooms for the use of patients. She has always been much interested in this institution, has established free beds in it and has given to it largely of money.

The Congress of the German Surgical Society, which is ueually held at Berlin in April, will take place this year in Whitsun week. A special feature of the meeting will be the ceremonial opening of the Langenbeckhaus, the building which is intended to accommodate all the medical societies of the German capital.

Devon and Exeter Medico-Chiourgical Society.—The annual meeting of this Society was held at the Devon and Exeter Hospital on January 29, 1892; Dr. Davy, President, in the chair. The following were elected the officers of the Society for 1892-93: President, Dr. Woodman; Vice President, Mr. Somer; Treasurer, Mr. J. D. Harris; Council, Mr. Domville, Mr. Mortimer, Mr. Bell, Mr. Wade, Mr. Langran, Mr. Curtis; Auditors, Mr. Roper, Mr. Ackland; Secretary, Dr. Blomfield. The Society now numbers 70 members, and meetings ure held monthly, from October to May, at the Devon and Exeter Hospital.

Cremation in Germany.—On January 11 the one-thousandth cremation took place at Gotha. The Gotha crematorium has been in existence since December 10, 1878. The number of bodies burnt has increased year by year, from 18 in 1879 to 102 in 1891.

Miss Jagannadham, a native Hindoo woman, has lately finished her studies in medicine in order to serve as a medical missionary in her native land. She studied first three years in Madras, then two years in the Edinburgh School of Medicine for Women, where she passed her examination most successfully, and obtained the diploma of the Scottish conjoint colleges, thus placing her name on the British medical register.

St. Louis Physicians are beginning to get ready for the spring and summer campaign of medical societies. The State Society and the American Association will occupy the spring, while the Mississippi Valley Association and the Pan-American Congress will keep them busy in the fall until it is time to go to Rome for the International Congress. It is true that most of this occurs in 1893, but preparations are already inaugurated.

A Snuff for the Grip.—The powder of the root of *Ligusticum Levisticum* (lovage) has been highly recommended by several medical gentlemen as an antidote for the catarrhal and other symptoms of grip. It is used as an impalpable powder of the root and snuffed as an ordinary sternutatory, allaying the distressing symptoms in a short while and placing the patient in a comfortable condition. The German variety of lovage is said to possess the qualities named.

Death under Ether.—A death under ether is reported from Bath. The patient, a man, aged 37, was admitted into the Royat United Hospital suffering from strangulated inguinal hernia. He was in a very collapsed state, and brandy was given before Dr. Biddlecombe, the resident medical officer, administered ether. He struggled a good deal in taking the anesthetic. Scarcely had the operation been begun when Dr. Biddlecombe noticed that the man had ceased to breathe. Every effort to resuscitate the patient was ineffectual.

The Mississippi State Insane Asylum, located at Jackson, erected in 1851 at a cost of $400,000. was damaged by fire February 16 to the extent of $250,000, with no insurance whatever. The fire is supposed to have been started by a patient named Dr. Brown, from Oxford, whose charred remains were recovered at noon in the cellar under the bricks and debris, where he had fallen from the fifth story. The other inmates were moved to places of safety without any further casualty. Fortunately the State has recently completed two large additions to the asylum for the benefit of the colored insane, and into these buildin gs the 400 patients were crowded.

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Consoling is the assurance of Bilroth that the small-bore rifle will shorten wars. His reason for the statement is that it will go through several men at a time.

In Every Case of gonorrhea warn your patient of the danger of conveying the disease to the eyes by the fingers, and of the fearful results of gonorrheal ophthalmia.

Deaths from Chloroform keep on occuring in London in a manner which is well calculated to strike terror in the heart of the average administrator of anesthetics.

Quite an Excitement was created in Indianapolis recently by the discovery that the body of a young woman had been "resurrected," and traced to the dissecting-room of the Central College of Physicians and Surgeons.

Foot-Warmers.—Boxes filled with sodium acetate are used in the French railway carriages as heat producers. They are filled with the salt in a solid state, which is liquefied by putting the boxes in hot water, and during the five or six hours that it takes to solidify give out heat steadily.

Too Previous.—Alexander Dumas fils dined one day with Dr. Gistal, one of the most popular and eminent physicians in Marseilles. After dinner the company adjourned to the drawing room, where coffee was served. Here Gistal said to his honored guest:

"My dear Dumas, I know you are a capital hand at improvising. Pray oblige me with four lines of your own composing here in this album."

"With pleasure," the author replied. He took his pencil and wrote:

Dr. Gistal has been anxious—very.
Result; The hospital is now pulled down,

"You flatterer!" the doctor interrupted, as he was looking over the writer's shoulder. But Dumas went on:

And in it's place we've a cemetery.

Dubuque, Iowa, is improving rapidly. The supervisors have appointed the county physician, Dr. J. J. Brownson, physician of St. Joseph's hospital, Dubuque township, the incurable insane asylum. The appointment is an excellent one as Dr. Brownson has considerable experience in the treatment of the insane. The Asbury asylum at present contains over seventy patients and the number is constantly increasing. Gov. Boies in his recent message recommended that the State build no more asylums, but that it adopt the county asylum system of Wisconsin which has been found cheaper and better in results than the plan followed in Iowa. The supervisors of Dubuque county have concluded to adopt the governor's suggestion and an addition to the Asbury asylum will soon be built.

Died from Fasting.—A man who had been fasting some forty days at a museum in New York died from the effects of his effort.

The Appearance and Character of the Tongue is still regarded as affording us some data for our dietetic regulations. A recent writer speaks of the slight diagnostic value of the condition of the tongue, and the same applies to any therapeutic conclusions deduced therefrom.

Appropriation for the Carney Hospital.—The Boston Common Council has voted to request the Mayor to petition the legislature for the passage of the act granting authority to the City of Boston to appropriate a sum of $5,000 annually, for the maintenance of the Carney Hospital.

Another Case of Quintuplets.—Dr. J. M. Tracy writes to the *Medical Record*: "Referring to your query as to the occurrence of quintuplets, I would say that in 1872, in Dubuque, Ia., a Mrs. Woodward was delivered of five well-formed infants weighting 1¼, 1¼, 1¾, 3 and 4½ pounds, respectively. Two gasped a few times only, one lived thirty minutes, one six hours, and one several days."

A Physician in Pennsylvania cannot prescribe liquor in his own drug store, if he owns one. "Upon the opening of the Bucks County Court Judge Yerkes delivered himself on his interpretation of the law on liquor violations. Special stress was laid on what powers drug stores had under the laws. His reply was: 'Acts of Assembly provide that drug stores need not be licensed, but can sell on prescription once, but cannot sell to the prohibited class—minors, drunkards, etc. Where a physician owns a drug store and gives a prescription at his own store for the purpose of selling liquor, he is violating the law. The law abhors subterfuge, and when it gets hold of this class of offenders it punishes them severely. Physicians cannot hide crime behind their diplomas.'"

Advising to Commit Abortion.—The New York Penal Code provides that a person who with intent thereby to procure the miscarriage of a woman, advises her to take any medicine, drug or substance is guilty of abortion.

A curious result of this enactment, in a recent case, was that a person was convicted when no abortion whatever was committed on the woman.

The offender advised the use of a certain drug, but this advice was not acted on; nevertheless an indictment was found and a conviction obtained. The General Term of the Supreme Court in reviewing the trial held that the word "advises" in the law meant advice which was acted upon and not that which resulted in nothing.

In consequence the conviction was set aside.

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The Institute of Hygiene of the University of Pennsylvania was formally opened on February 22.

A New Publication is the *Ungarisches Archiv fuer Medicin* edited by Drs. Arpad Bokai, Ferd. Klug, and Otto Pertik, professors in the University of Budapest.

Give the Outside Man a Chance is the cry of a correspondent in the New York *Journal of Gynecology and Obstetrics*. Let him get "on the inside" and he can take it.

The Great Baer Prize (1000 roubles) has been awarded to Prof. I. I. Metschnikow; and the small Baer Prize (400 roubles) to Prof. W. W. Salenski for distinguished work in biology.

The Tuberculin Treatment is not dead yet. Koch is making an effort to resuscitate it claiming that he has succeeded in modifying the substance and has obtained gratifying results from its use.

The Red Cross, in St. Petersburg, has sent a number of physicians, dressers, and Sisters of Charity to the government of Samara to give aid to the sufferers from famine and typhus which exist in the numerous villages.

A Prize for the best work on syphilis for popular use had been offered some time ago in Russia. We are informed that out of 25 which were submitted two were found worthy of reward. One by A. W. Iwanowski received 1000 roubles and the other by G. A. Nadwrozki, 500.

The Annales de l' Institut de Pathologie et de Bacteriologie is a semi-annual publication under the direction of Dr. V. Babes and issued at Bucharest in the French language. It is a rather bulky affair, but this is due to the large number of original researches which are detailed. The papers are all valuable and interesting.

New York Board of Health.—The appropriation of the City Board of Health of New York for 1892, amounts to $435,000. This is an increase over last year of about $15,000, but is an apparent decrease in current expenditure account, since $30,000 of the grant must be devoted to the erection of a new reception hospital.

The Russian Famine Relief Committee of the United States has been organized by the American National Red Cross and it is soliciting aid from all for the relief of the Russian sufferers from famine. The Russian Government has given this its sanction and all those so disposed may send their contributions to Clara Barton, American president or to the bankers Riggs & Co, treasurer, all of Washington, D. C.

Gift to the Lowell Hospital. — Ex Senator F. W. Howe has given $5,000 to the Lowell General Hospital, Mass., to establish a free bed.

The Sum of money thus far contributed for a home for aged physicians to be erected in St. Petersburg already amounts to nearly 8000 roubles.

The International Medical Magazine is an octavo monthly of 112 pages issued by the Lippincotts and edited by Dr. Judson Daland. It is a neat, well printed and excellently edited journal. Its initial number is dated Feb., 1892. The supscription price is $4.00 per year.

A National Medical Practice Law.—The *American Doctor* says that the present system of State examining boards is a nuisance, and there should be some national law to regulate the practice of medicine, so that a competent man may exercise his rights to practice in any State of the Union without being bothered by a little board in every State he may enter.

The Modesty of L. M. Tschitschagow is something only equalled by the magnitude of his claims. In a recent work issued by him in Russian, and published in Moscow, he makes the claim that his is the only rational method of treatment. He cures all diseases by acting upon the circulation, and his pathology would be a revelation to the non-Russian world as it has been to the inhabitants of the land of the Great Bear.

La Grippe.—We learn from an exchange that no country seems to be willing to claim the disease as its own peculiar property, as having its "*fons et origo*" there. Thus, the Russians call it "Chinese catarrh," the Germans and Italians "Russian disease," the French, "Italian fever," etc. In this country we are disposed to call it Russian disease. The term "la grippe" is the most expressive of all the synonyms. "The seizing" disease—one which grips you with sufficient force to cause you to recognize its presence, and thus having seized, it holds on.

Homeopathy.—A writer states (*Ind. Med. Jour.*) in the course of an essay on "Modern Homeopathy," that the homeopath asserts that his medicine has not been fairly tried by the regular physician. This assertion is incorrect. Several years past Dr. Andral, of Paris, France, of whom Dr. Marsclem, a homeopath, said that he regarded as "prince of physicians," tried the system on one hundred and thirty or one hundred and forty patients in the presence of the homeopaths themselves. Mr. Guibourt, an eminent homeopathic pharmacist, had prepared the medicine. In describing the result, Dr. Andral said he was decidedly opposed to the project of allowing the homeopathists a dispensary. Humanity should not be trifled with by the experiments of these people.

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Dr. W. Talbott Owen, one of the oldest practitioners of Louisville, and one of the noblest and best of men, died at his residence, recently.

The Revue Internationale de Physiologie, Otologie, Laryngologie et Ophthalmologie is the latest accretion to French medical periodical literature.

A Writer in the *American Practitioner and News* strongly advocates dividing the Mississippi Valley Medical Association into two sections—a medical and a surgical.

Dr. Louis Guichon, of Lyons, died not long since at the age of 89, having practiced medicine for over half a century. He was still actively engaged in practice at the time of his death.

The Charity Hospital, of New Orleans, was recently the theatre of a disturbance. The *Picayune* sent a reporter and an artist for the purpose of illustrating and writing an article descriptive of the institution. The unlucky artist wandered into the amphitheatre, during the course of an operation and a student imagining him to be connected with the *Mascot*, gave the cry of alarm. Thereupon the artist was uncere moniously thrown out and his sketck book confiscated. The *Picayune* has sworn vengence unless a proper apology is made.

Dr. Henry Frazer Campbell, one of the leading physicians of his day, died at New Orleans not long since, after a long illness, aged 67 years. He was the discoverer of the over excito motor system, although Drs. Marshall, Hall and Claude Benten, of London, at first disputed Dr. Campbell's claim ofthis discovery, but finally admitted Dr. Campbell made the discovery two years previous to them. Dr. Campbell was Honorary Fellow of the Imperial Academy of Medicine, at St. Petersburg, Russia; a member of the American, and Southern Gynecological Society, and in 1885 was honored and held the office of president of the American Medical Association.

Many of the Medical Journals of the country are becoming quite pharmaceutical in character says Meyer Brothers *Druggist*. This is only another evidence of the close and growing relationship between medicine and pharmacy. Every year finds a greater number of students in the medical colleges, who have received a pharmaceutical education. On the other hand, the colleges of pharmacy are attended by physicians. It is no longer an uncommon occurrence to find druggist who have given up pharmacy for the practice of medicine, or doctors who have decided to stop practicing and enter the drug business. If this condition of affairs continues for a few years longer, we will find medicine and pharmacy both taught in the same colleges and the students receiving joint diplomas.

The German Medical Society, of New York, elected the following officers for 1892 at its last meeting:

President.—Dr. C. Heitzman.
Nice-President.—Dr. G. W. Rachel.
Recording Secretary.—Dr. M. Einhorn.
Assistant Secretary.—Dr. F. Torek.
Corresponding Secretary.—Dr. W. Freudenthal.
Treasurer.—Dr. L. Weiss.

Weekly Medical Review Visiting List and Pocket Reference Book. We have annually given this list a notice for a good many years, and have never failed to say something good of it, as it deserved. It is perpetual, and replete with much information useful to the physician. It is mailed to physicians on receipt of price, 75 cents.—*Memphis Medical Monthly*. See ad page xi.

The Dispensary Abuse and unremunerative work of physicians may be due to a cause descanted upon as follows by a writer in the *Social Economist*:

Improved machines can be invented and manufactured, but improved laborers can only be developed. One may work a machine till it breaks down, then have a new and a better one to take its place. But this is not true of labor. If laborers are poorly paid and overworked and ill housed, they not only become less efficient themselves, but their children, who are to take their places will be no better, and sometimes even worse. In this way the development of superior laborers, to say nothing of superior citizens is prevented.

Free Dispensaries are disposed of by the *Post-Graduate* in the following manner:

Professor Billroth, of Vienna, wrote a pamphlet to show that no young man should enter the profession of medicine, unless he had a moderate income, sufficient to take care of him for the first few years after practice was entered upon. We perhaps may not go so far as this, but one of the greatest dangers to the young man struggling to be benevolent and scientific in the practice of medicine, is poverty. It leads him to very incorrect ideas as to what constitutes a poor person. The editorial writers are wrong. New York is not being pauperized by managers of free dispensaries and clinics. Great reforms could be effected in them, but they would not consist in thrusting out any large contingent of those who seek gratuitous medical advice. There is no such large contingent.

Convention of Militia Surgeons.—The association of Militia Surgeons of the United States as already announced in these columns will hold its second annual meeting in St. Louis. Governor Francis of Missouri, informed the committee having the matter in charge that he would be present in the city on the morning of April 19, when the convention meets at Memorial Hall.

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Among the questions to come before the convention will be a memorial to be presented to the legislatures of the various States urging that competitive examinations be required for entering the medical department of the service. The State legislatures will also be petitioned to grant a uniform railroad rate of 1 cent per mile to annual encampments, the same as in the United States Army. The care of the 100,000 militiamen who assemble at the World's Fair in 1893 will also be discussed. Plans for the sanitation of camp, sunstrokes and ailments common to soldiers on duty will also be considered.

A most elaborate entertainment will be provided at the Merchants' Exchange. The Governor and his staff will be provided with a tent in one end of the large hall, while the Mayor and the City Council will occupy one in the opposite end. Surgeon General Senn, president of the association, will receive in a tent to be raised on the platform. During the reception hour the citizens of St. Louis will welcome the visitors, promenading from tent to tent, while the St. Louis Glee Club, the United States Arsenal Band and the First Regiment Band will render appropriate national airs. Between 3,000 and 4,000 invitations will be issued to the ball, many being sent outside of the city.

Memorial Hall will be extensively decorated for the convention. The sum of $10,000 has already been piedged to defray the expense of entertaining the visitors.

It is Said, according to the *Argonaut*:

That the oldest homeopath, like the oldest mason, and Washington's body-servant, is beginning to die off.

That the hemorrhage always soaks through two hair mattresses, a comfortable, fills a hand-painted spittoon, and makes a pool on the floor.

That the placentæ previæ are the most plentiful in the first five years of medical practice and vice versa, ruptures of the perineum are scarcest.

That the germ theory and the bacilli maniac, when scratched, proves to be a poor materia medica man, or a shiftless surgeon.

That no medical society can hold a full meeting without a paper from the backwoods on that highly instructive topic, "a clinical case." A case is to apt *not* to be clinical, doncher know.

That the Freshman rushes in where the Senior fears to tread.

That pathology, histology, etc., are important accessories to the medical knowledge; but a knowledge of how and why the buggy is broken will not mend the buggy. See?

That a college dispensary may ultimately become a truthful record, so that one patient will not be recorded with a new number, or half a dozen numbers, and a new cure every time he appears.

That materia medica will never be understood and practiced any more than surgery, except by those who understand and practice it.

That every "brilliant" operation is due to our skill and treatment, while every dead one is due to bad ventilation and—Providence.

That every sore throat cured by us was a diphtheria, and every diphtheria of our rival was follicular tonsilitis.

That every pneumococcus, streptococcus, gonococcus and other long-handled scientific vermin have about run their fashionable race. Pretty soon patients will again get sick just because they do.

That it takes from five to ten years of all around practice before he learns that surgery is an accomplishment, where general practice is bread and butter.

An Invidious Suggestion—The Retort Courteous.—A prominent divine, according to the *Medical Age*, was speaking recently at a private dinner party of the poor ventilation of some churches, and of the heavy, oppressive smell that arose from a crowded, ill-ventilated building; adding that in such cases he could tell every man's business by the odor emanating from him—the leather merchant smelling of leather, the dry goods man of new linens, the hardware merchant of iron, and so on. A medical man present asked by what odor he distinguished physicians. A young lady in the group interposed immediately: "Undoubtedly iodo(r)form." The divine admitted that occasionally that was a distinguishing mark, but added that "more often it was *eau de(r) vie*." The doctor retorted that unfamiliarity with "odor of sancity" must have prompted both suggestions, as the latter was, in his experience, a much more common emanation of the profession than either of the others.

A Medical Strike.—There is a vacancy on the medical staff of the hospital in Tilsit, Prussia, says an exchange. When the vacancy occurred the municipal authorities advertised for candidates, stating that the salary would be 1,000 marks ($250) a year. Thereupon the local medical society caused an announcement to be inserted in the paper, immediately below the advertisement of the city fathers, stating that the salary was too small and that none of the physicians of the place would accept an appointment for less than 1,500 marks. They also advised physicians from outside to think awhile before presenting themselves as candidates for the position, intimating that the lot of anyone accepting the appointment would not be a happy one. The mayor of the town acknowledges that the salary offered is very small and almost insulting in its minuteness, yet he thinks the city can buy some needy doctor for the price.

Death and the Doctor.—A curious compliment to a dead man was uttered by the Marchioness of ——, who, when told that the celebrated physician Borden had been found dead in his bed, exclaimed: "Ah! death was so afraid of him that he did not dare attack him except when he was asleep."

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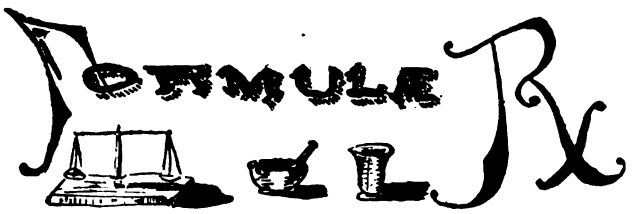

Diarrhea of Children.—The following is recommended by Sympson:

℞ Acid. boracic, - - - - - ʒj.
Glycerini pur., - - - - - ʒss.
Tinct. cort. aurant., - - - - ʒ¾.
Aq. destillat., - - - - - ʒxv.
M.
Sig.: A teaspoonful every three hours.

Typhoid Fever.—Jaccoud recommends the following in the adynamic stage of typhoid fever:

℞ Ext. cinchona, - - gr.xxij to ʒss.
Red wine, - - - - - ʒjss.
Old cognac, - - - ʒss to ʒjss.
Tinct. cinnamon, - - - - - ʒj.
Syr. orange peel, - - - - ʒss.
M.
Sig.: To be given in spoonful doses.

Cathartic for Children.—The following is given for one dose (*Deut. Med. Woch.*):

℞ Ol. ricini, - - - - - - ʒss.
Infus. caffei., - - - - - ʒij.
Saccharin, - - - - - - ʒv.
Vitellus ovi, - - - - - No. 1.
M.

Creolin-Iodoform Ointment.—

℞ Creolin, - - - - - - gr.xv.
Iodoform, - - - - - - ʒss.
Vaseline, - - - - - ʒvj.
M.
The advantage of this prescription is said to be that the smell of the iodoform is well masked.

Diarrhea of Teething.—Dr. Meigs, in a child twenty-three months old, suffering from diarrhea, with greenish, slimy stools, incident upon teething, gave the following prescription (*Times and Register*):

℞ Acidi sulphurici dil., - - gtt.xij.
Morphinæ sulph., - - - - gr.¼.
Spir. vini gallici, - - - - - ʒss.
Syr. zingib., - - - - - ʒss.
Aquæ, - - - - - q. s. ad ʒiij.
M.
Sig.: ʒj. every three hours.
The diarrhea had lasted two weeks. Had it occurred during the warm weather, Dr. Meigs said it might have been attended with serious results.

"Now, my little man, describe your symptoms." "I haven't dot any symptoms, I dot a pain."

It is sadly evident that Eli Perkins still needs a thorough course of treatment with the bichloride of veracity.

The Average Man is satisfied with keeping up with the procession. If it is a funeral procession he does not care to be at the head of it.

"It Cost the lightning rod agent a great deal of money before he was benefitted by the Keeley cure." "Indeed! How was that?" "His brass alloyed the gold so."

Doctor (to newly made father): Sir, you are to be congratulated. You are the father of twins. Happy Parent (doubtfully): That's so. They might have been triplets.

"How did you amuse yourself while you had the whooping-cough?" Asked Uncle Jack. "We played Indian," answered Bobby, "and we could give splendid war-whoops."

Mrs. Hicks.—The papers have a story about an insane man who believes himself dead! Mr. Hicks.—Some people who are sane don't know when they are dead; look at Foraker.

The Public.—Don't you think these patent medicines kill many people?
Mr. Richardson.—Perhaps they do, but look at all the newspapers they keep alive.

No Complaint Recorded.—Smiley (as a hearse passes).—There goes a carriage that no one wants to ride in.
Cooley.—Did you ever know anyone who rode in it to make any complaint?

It is not Exaggeration to state that many of our examining boards have met this school boy at a somewhat maturer stage of his development. He was requested to briefly name and describe divisions of the human body and the contents of each. "The body is divvided into three cavvyties, the head, thoracks and abdomen; the head contains the brains, when there is enny; the thoracks contains the lungs, liver and diafram: the abdomen contains the bowils, which is five in number, *a*, *e*, *i*, *o*, *u*, and sometimes *w*, and *y*."

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Jay Gould is the proprietor of the largest watering place in the world—his office.

A Maryland Undertaker, with an eye to business, publishes the cheering news: "Use our own embalming fluid if you wish pleasant results."

"My Dear Doctor, I suffer a great deal with my eyes."

"Be patient, madam, you would probably suffer more without them."

Resemblance.—Nurse (showing new baby to proud father): "How like his pa, Herr Baron! Your very image." Baron: "You think so?" Nurse: "No hair, no teeth—just the picture of you."

Heart vs. Head.—Youth (pensively): "Father do you intend to break my heart?"

Father.—"Physiologists have proved that the head is the seat of the feelings. No, my son, it is your head that I intend to break."

Notes to Doctors.—The following is a note, *verbatim et literatim*, written a few days ago by a negro patient to a well known Mississippi doctor:

"Dr. ———: I was taking last thursday with Shortness of Breath and swimming in the head and weekness feeling no pains my Private eaches and stays dry some thing pass through me like flour dough." ———

The above calls to mind a communication written by a colored divine to a physician in the Misissippi Delta, which reads as follows:

"Dr. S.: I want you to give me a subscription for my wife, she have lost her Reproach and hav'nt got the Propper Purchase of herself."

The Way to Use It.—A hot tempered old gentleman once purchased of a peddler a bottle of patent medicine warranted to cure all infirmities. When taken, of course it failed to produce the promised result.

Some time after, chancing to spy the same peddler on the street, the old fellow hailed him and exclaimed irately:

"So you claim that the infernal stuff you sell at a dollar a bottle is a sure cure for all diseases, do you?"

"Certainly, if properly used," replied the peddler.

"And you claim still that it once cured you?"

"Yes, sir, I do. I was so ill that I could not do a whole day's work to save my life, but this medicine which I carry produced a permanent cure."

"I believe, sir," hotly returned the old gentleman, "I believe, sir, that you lie. It has not had the least effect on me."

"Perhaps," said the peddler, "you did not use it properly."

"How did you use it?"

"Sold it," coolly replied the peddler, "and employed a regular practicing physician with the proceeds."

Dr. C. H. Yancey, Chief Surgeon of the St. Louis & Hannibal road, has issued a circular appointing the following local surgeons: T. J. Downing, New London; J. S. Bradley, Frankfort; B. S. Wilkes, Bowling Green; H. A. Talley, Gilmore; C. D. Avery, Troy.

This Sounds Reasonable.—A Georgia editor has a grievance against one of the railroads. He says that he is perfectly willing, in return for an annual pass, to throw on wood at stations, help grease the engine, and assist in handling baggage; but when he breaks his leg while chasing a delinquent subscriber through the train he should be allowed reasonable damage.

Dr. J. M. Emmert, of Atlantic, Iowa, surgeon of the Rock Island road and one of the best known physicians in Western Iowa, on January 11 took atropia by inhalation by mistake while suffering from catarrh. He recognized his error in a few minutes and informed his wife, but before a physician could get to the house he was unconscious. His case was at first supposed to be hopeless, but at last accounts he was thought to be out of danger.

For You to Read.—If you desire to take a delightful trip for either health or pleasure, would advise you to go to Hot Springs, Ark., "the Carlsbad of America," located in the heart of the Ozark Mountains, surrounded by beautiful scenery, fine drives and walks, and the most healing waters in the world. Reached in solid trains of the finest equipment, via Iron Mountain Route. For descriptive and illustrated pamphlet, free, write Company's Agents or General Passenger Agent, Mo. Pac. R'y Co., St. Louis, Mo.

A Pacific Coast Association is advocated in the *Railway Age* as follows:

Since local and district organizations are in order why would it not be a wise plan for some one to organize a district association of the railway surgeons on the Pacific coast? The region has long since been supplied with first-class railways which have good organized surgical departments on the hospital plan. Consequently they are in possession of many valuable facts which if communicated to the railway world through the work of a legal organization, or, in fact, any other way, would be of much value and practical importance. As the Pacific States are always up to the times, if not ahead in every thing that is of public interest to that wealthy country, we shall hope to hear of their moving in this direction soon.

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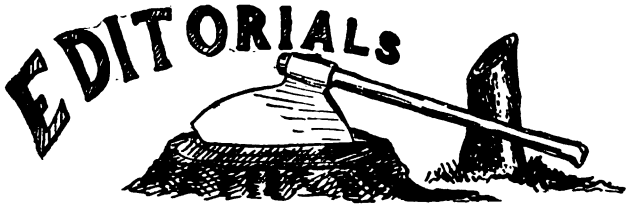

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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Immorality in the Profession.

The profession of medicine is one which is peculiar in many respects. It is peculiar in the fact that the physician is not only brought into contact with the foibles and follies of mankind, but with their consequences as well. He is placed in such a position, by the very force of circumstances, that he becomes a more or less unwilling spectator of the moral weaknesses, the mental disturbances, and physical ailments of suffering humanity. He is generally introduced early to His Majesty, the family skeleton, and ere long is called upon to enact the part of father-confessor to his patient. He is made the recipient of family secrets, frequently involving the honor of the most high placed, at other times the peace of a family or the reputation of the lofty. In fine, there is no condition occurring among the loftiest or lowliest which does not sooner or later come into the possession of that most-trusted individual —the family doctor. In addition to this, the fashionable specialist becomes possessed of some of the ghastliest secrets, in the course of his professional work, and it is often a source of wonder that the physician continues to preserve such interest and solicitude in human kind in general, when his daily experience seems only to intensify a certain lurking suspicion that the majority are whitened sepulchres of crime, all rotteness within. Yet such is our abiding faith in the small remnant of good which is still left; so great is the satisfaction in meeting here and there some bright exception to an apparently universal rule, that, like hope, confidence in the good that may exist in all springs eternal in the doctor's breast. It is this feeling which has had such a marked influence in maintaining so much enthusiasm and interest in his profession and which has proven so great an incentive despite the fact that in such a large proportion of instances there exists no hope of reward or emolument, very frequently ingratitude being the only satisfaction reaped.

This self-sacrifice seems to have been unconsciously recognized by the public in general and it is this very fact that has contributed so much to the vast amount of confidence reposed in physicians. The question has been suggesting itself to many of late as to whether this is deserved or whether the confidence, so fully given, has been misplaced. And to us it does not appear astonishing in view of the revelations recently published in the daily press.

If we are to place any credence in these reports it would appear that a certain number of pnysicians are guilty of conduct which, to say the least, is immoral in the highest degree. There is not an act of such a nature which occurs and in which a physician figures that is not heralded far and wide by the newspapers. This is natural for the physician is a public servant, he is always a member of the community possessing a greater or less importance and his acts are matters of public interest. When these acts are such as to call forth the deserved odium of every one the scandal becomes so much the greater and the immorality of the act is so much more increased. This is true of peccadilloes. But what will be said of the greater sins, those lapses from morality which, in an unknown and obscure individual would call down the contumely of all the right-minded and virtuous.

Why should the sins of physicians be looked upon with added horror, may be asked. Because they are of a nature as to imply added shame, baseness, and infamy on the individual debased enough to commit them.

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Those physicians who are guilty of such conduct are so degraded in thought, lack so much in principle, that were it not for the fact that they practice medicine they would never have an opportunity of dragging others into their own filth and be the cause of besmirching the fair name of many an honorable individual. They depend upon their power of gaining the confidence of some innocent victim and then begin to gradually instil their poison until its venomous effects permeate the entire being of a weak organization which finally becomes a willing victim to the fiendish nature which has been so insidious in its destructive power.

We do not wish to particularize as to all the crimes which are perpetrated and which give rise to so much well-deserved indignation. That the evil does exist is a well-known fact, and that it is giving rise to unjust suspicions is being rapidly felt. The impression seems to be gaining ground that the medical profession is composed of lecherous and salacious individuals who will not hesitate to do anything to satisfy their unholy desires. Women are fearful lest they be exposed to worse than dishonor; mothers are fearful of the fate of their daughters; and a most deplorable state of want of confidence is engendered. Unfortunately there is too much ground for this. While we read of numerous instances of such acts, they do not amount to a tithe of the cases which occur and which never come to the light of day. Cases in which homes are wrecked, lives blasted, and misery entailed or viciousness gratified, the principal in these exploits oftimes holding his head high in the community and complacently hearing his conduct praised and himself held up as an example to others.

We will confess that it is not a pleasing task to us to allude to this subject, but it is a duty which we owe to the great majority of clean, morally-healthy practitioners of medicine. It is a duty we owe these men to call their attention to the existence of the corroding ulcer which will eventually attack the vitals of one of the noblest professions that man was ever called upon to exercise. The fatal effects of immorality in the profession will manifest themselves in a most widespread manner and visit the guilty and innocent alike, if permitted to go on unrestrained. Libertinage appears to have assumed sway among the more educated classes, but in the majority of cases there is some protection afforded. There is the protection which is thrown out by the small opportunity of becoming familar. Unfortunately, in some cases at least, the practice of medicine almost enforces familiarity or a certain degree of compulsory confidence which may by easy gradations rapidly convert itself into something more.

The question which confronts us, in the face of this evil and its consequences, is as to what measures can be taken to eradicate the evil. It is not a question of punishment for such a measure is always too late. It must be one of prevention. Such being the problem, how can such a state of affairs be prevented; how can such perverse impulses be made to disappear, or never manifest themselves? It is a problem which involves some of the deeper principles of sociology and, to our mind, its solution must be looked for in the proper development of the mind of the individual. The impressions made upon the plastic material will determine the mold which will ultimately result. Example and precept, inculcated in childhood, will eventually bear fruit and the mind that is debased, early in life, by evil associations, by bad example, and by worse precept will never result in anything but the production of perverted thought. It may seem far fetched to state that the physician's education should begin in childhood, yet, anyone who will seriously consider the matter can easily understand how important in its effects such a course can be on the future career of the minister to the physical ailments of his fellow beings. Some may rise superior to early training and associations, but how small in number are such.

It is in this that much of the higher medical education of which we hear so much now-a-days consists. Higher medical education should imply higher moral qualifications and this morality should be of a practical nature and not consist of prudishness. Prudes are not always moral by any means, but the moral individual is the one who avoids all that has a tendency to degrade directly or indirectly the high intellectual responsibility of right which every human being should possess and none in a higher degree than the physician who daily comes in contact with poverty and wealth, filth, degration and crime, innocence, purity, and chastity; who is respected and looked up to with trust and who, in his exalted position, should occupy such a high plane that the low, material, animal passions of the human brute could never exercise their sway over him. The right-minded and clean in the profession owe it as a duty themselves, to the community, and to their art to see that such a consummation is effected.

A Wail emanating from Dr. William B. Graves (*Va. Med. Monthly*) reaches us couched in the following language:

Fifty years ago, in every town and city, the doctor's word was almost an unwritten law; to-day, the doctor's word is the challenge to debate, question and bitter argument. The old practitioner—"let us fold him in his buffy coat," sheath his lancet, swathe him in emollient dressings, and lower him into his long, long home' with a last farewell to the man who worked with untiring patience for God, his people and his native land.

The question, What are we coming to? is followed by the self-preservative question, What am I going to do? As certainly as night is followed by day, and as all labor and professional work must be classed under the category of bread-winning, we as general practitioners, to use a vulgarism, are as much "in it" as any other class of society. And the question, What will be the future of the general practitioners? is the theme for our discussion this evening.

The general practitioner, as a bread-winner, on a bus-

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iness basis, stands upon a foundation as infirm and treacherous as one can imagine; and why? I will partially answer the question by asking another. Did any of us, twenty-five years ago, ever conceive the idea that the art of medicine should be so subdivided as to admit of and support aurists, oculists, sanitary engineers, medical electricians, opticians, massageists, dermatologists, gynecologists, etc. Well, hardly, gentlemen.

Did we ever dream of such opulent charities, private and public, standing under the name of hospitals, infirmaries, dispensaries, clinics, homes of ruptured and crippled, skin and cancer hospitals, asylums for the insane, homes for feeble-minded youth, homes for the aged and infirm, asylums for the deaf, dumb and blind, orphan asylums, foundling asylums, homes for fallen women, lying-in hospitals, eye and ear infirmaries, eyes examined free on Saturday afternoons while you wait, all over this broad land? Does this set the mind at work toward the answer? Now add to the list the private sanataria, private hospitals of specialists, medical and surgical institutes, Pasteur institutes at home and abroad, and he can begin to get a gleam of light on the subject of the business chances of the general practitioner of the future.

The writer of the above forgets that the umbilicus still remains.

The Insane are increasing at such a steady rate that their proper management is becoming a subject of importance as well as of interest. Dr. Richard Dewey says (*Chicago Med. Rec.*) that it is believed the asylums of our country have been too much isolated from the professional and every-day life of the people. In some ways this has been a necessity, real or supposed, of insanity; the peculiar nature of the malady necessitates in some measure confinement, seclusion, estrangement from the actual world, and not only are the inmates thus isolated, but the various officers and attendants as well. Thus, every day natural interests and activities are impeded or cut off, to the injury of all concerned, and if the principle of introducing all possible features compatible with the patient's condition of the usual life of the world were followed, it seems to me that many of the opprobrious things supposed to be inherent in sanity would disappear, and the number of recoveries would increase.

Experience shows that a natural and domestic mode of life tends to contentment, admits of greater industries, or greater freedom and softens many of the asperities.

Then as to the medical administration, the introduction of all possible features of the ordinary general hospitals and sanitariums cannot fail to do good to the patient, to the medical men and to the public generally. Who can deny that it would be an advantage to every institution for the insane to have a consulting staff of able specialists in all the disorders that complicate or are essential features of insanity? Who would venture to claim that trained attendents, analogous to trained nurses of the general hospital, would not be an advantage? How can it be denied that the gymnasium, the bath-house, the Swedish movement, the electrical appliances of the sanitariums would furnish supplementary means of beneficial treatment, and would have a great influence for good on patients, and render attendants more skillful and efficient in their work? And yet these appliances are seldom to be found. Further, the greater the freedom and facility for communicating with the outside world, the more fully the public is familiar with the methods of care and treatment; and the less the insane are treated as if they were something peculiar and unlike the rest of mankind about them the better.

Medical College Rows possess very little interest, as a rule, to those not directly concerned in them. There seems to be an impression created with some of our subscribers that such a thing is going on in the St. Louis College of Physicians and Surgeons and inquiries have been made in regard to it. Some go so far as to state that because the editor of the REVIEW in connected with this college he is keeping certain facts concealed. This is an erroneous impression whose origin is, no doubt, due to some sensational accounts which have appeared in some of the daily papers. What we desire to state is, that these accounts are far from accurate and that there is no particular row going on that we have any cognizence of. In fact, the faculty seems to be particularly harmonious with one or two exceptions, possibly, and there does not seem to be any considerable amount of friction. A member of that faculty seems to have made himself obnoxious to quite a respectable majority and these gentlemen have referred the matter to the Board of Trustees. We do not feel at liberty to say more at present, and like every one else we are content to await the action of the Board before making any comments on the case in question or mentioning names, as it would be hardly the fair thing to one side or the other engaged in this "tempest in a tea-pot."

Why Quacks Flourish is explained by the *Healthy Home* in the following manner:

Physicians are often compelled to give a tacit consent to the whims and ignorant notions of their patients. If a patient is convinced that he is going into consumption, why should the doctor tell him that his trouble is a trifling bronchitis which he can readily relieve? How easy it is to assume a very solemn air, tell the anxious listener how fortunate it is that he has so opportunely consulted the physician and gain the credit of a marvelous cure of consumption. Poor, foolish human nature had so much rather be cured of a serious than of a trifling disease: This is why quacks flourish. The general practitioner in the local field is very apt, if he says anything at all, to tell the truth. The quack surrounds his proceedings with mystery. The evident moral of all this is: Employ a man of known charac-

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ter and education, answer his questions frankly, without obtruding your own ideas, and believe what he tells you. If you are not prepared to believe him and follow his advice, don't go to him.

Self-Protection for the profession is advocated in a recent address by Dr. J. K. Cole who goes on to state (*Kansas City Med. Rec.*):

Then we find as there is a duty and an object for the whole, there is also a duty and object for each. We should regard with zealous care the interest of our society, and those interests should unite us as firmly as the friendship and love that bound Damon and Pythias. Having one common interest we should be jealous of our tribal relation. Should we have one among our number who is great, or progressing to greatness, we should be eager to cast our influence to aid that progress, *remembering* that being companion with him adds a lustre to our names and existence. Also remember that no emotions of gratitude will animate or interest the world in our behalf. The object has always been to retard our prosperity, obstruct our future. No showered favors ever fell on those who struggled to be conscientious and true. Yet the world will smile and fawn upon the rascal and worship his success, though it may be bought at cost of lives and all that is sacred to mortals here. The world to-day is a vampire, and it is as necessary for men to band themselves together for protection as it was in the days of the feudal kings.

Specialism is championed in the following manner by *Medical Progress:* The subject of specialism is like that of medical education, one which "will not down" so easily as we could wish.

Many complain that specialism is carried too far; that there are too many specialists, and that specialism and quackery are closely akin. But while we deny much of this, it might be admitted as true, and then we believe that there are many reasons why specialism ought to live, and why it will thrive.

The chief fault, we believe, with a large number of specialists is that they are incompetent. A man whose education is imperfect often takes up a specialty and, of course, brings that branch into disgrace with many patients who judge the capabilities of medicine by his powers. The way for these men has been opened in the United States by the low standard of medical education. Many men are practicing as surgeons, gynecologists and so on who have no clear conception of the primary principles of the practice of mediciue.

We believe that there are not too many specialists. Indeed, as we have said before in these columns, the practice of medicine has become too great for a man to become deeply learned in all the medical sciences, and specialties are certain to be largely followed in the future.

We believe that the just solution of this "specialty question" is fitness and competency. The time is fast coming when medical schools will turn out only competent men, and these will fit themselves for a specialty in the proper manner.

One Way to Advertise is thus noted by the *Medical Record:* There is a widespread popular belief that physicians do not advertise. This is not, strictly speaking, in accord with the facts of the case. Without advertising one's profession, qualifications, and ability, success is either not attained at all, or comes so slowly and so late that it can scarcely be counted a success. Bringing and keeping one's self before the public is as necessary in a physician's work as in that of any other man—but it is not necessary for him to secure the necessary publicity in the usual ways of trade. The conscientious, painstaking, and wide-awake man who does not forget what is due to himself, neglects no opportunity to do the best he can in every case which comes to him, and thus make his work, his self-denial, his gentlemanliness, all serve as an advertisement of his worth and bring him work.

He who writes, speaks, lectures, operates before bodies of physicians or students is constantly advertising himself whether he will or not. He is making an impression which will influence his professional career in one way or another. There are certain other kinds of advertising which are not looked upon so favorably by the profession when indulged in by one of its members. We shall speak now only of one. For several years past physicians in New York have received regularly each month a package of cards from a "specialist in female complaints." Now, one would not suppose that this form of advertising would pay. A man is not at all likely to refer patients to a specialist who is known to him simply through being bored twelve times a year by the receipt of some cheaply printed cards when he is probably looking for a check in the mail that brings them. That it does pay, however, would seem to be indicated by the fact that imitators have sprung up. Men equally unknown to fame, but who evidently have their printing done in the same office in equally large quantities, and mailed in numbers consistent with the limits of one cent postage. The only explanation of the success of the scheme which presents itself to us is that a sufficient number of cards sift out on the way through the mails and are picked up by the thoughtless, or that enough reach servants and ashmen by way of the waste-basket to return a profit on the outlay.

The Missouri State University, located at Columbia, was visited not long since by a disastrous fire and the question of rebuilding the buildings which were destroyed has come up before the legislature. While the faculty and a number of the alumni favor Columbia, there are many who are urging the claims of other sections as being more favorable, both in location and conveniences, as sites for the University. Among the latest claimants for the coveted prize is St. Louis County whose citizens are doing all in their power to

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urge the legislature to remove the University there. An offer of a tract of over three hundred acres has been made. In addition to this the county has offered a large stone building of some 370 feet front, of which one story has been constructed. The tract is located at Aleton, a short distance from St. Louis and this is quite an advantage when we take into consideration that the legal and medical departments of the University are complemented by schools in St. Louis. Upon the grounds which are offered are situated a number of fine springs some of which have medical properties. The easy access offered to the largest city of the Mississippi Valley is no mean advantage. So far as the morale of the students is concerned, there need be no fear entertained. St. Louis County does not possess any saloons to any extent, nor will it. The low groggeries which have thrived in Columbia will find no place here and the close promimity to a large city will not act deleteriously, but will have the effect of attracting a larger number of students. An argument brought forward by the people of Columbia is that the city is practically isolated and this is precisely the great drawback complained of by the majority. Taken all in all we look upon the claims of St. Louis County as the strongest thus far advanced and we are sure that there never will be cause to regret having moved the University to the delightful high, rolling locality offered, if the Legislature should decide upon this sensible course of action.

Medical Dogmas.—Says the *Medical News:* It is too much to expect that superstition will ever be eradicated from our common life. We scoff at the delusions of our ancestors, failing to see our own illogicalities. Medicine is not entirely exempt from the common failing. It was a long time before we were willing to believe that the arteries did not contain air. Two centuries elapsed before the germ theory of disease was accepted. It took many years to overcome the belief that malignant neoplasms depended upon the circulation of humors or noxæ in the blood. There are not a few that to-day maintain that valvular disease of the heart (especially mitral incompetency) and pulmonary tuberculosis do not coexist; that carcinoma and pulmonary tuberculosis do not occur in the same person. The possibility of error is reduced to a minimnm by objective study, by observation. Who that has looked has not seen associated the conditions that it has long been taught are not associated. There are few things of which one can say that they cannot be.

Yale Students' Infirmary.—The ladies of New York City and vicinity have been organized for some months past on behalf of the Yale students, and their better care when sick. An infirmary of small size is their objective point, and the committee seek to raise $25,000. Subscriptions to the amount of $22,000 are said to have been promised on or before the last week in December, 1891.

Skin Grafting.—A new method of skin grafting by means of the cutaneous punch is detailed by Dr. P. A. Morrow (*Int. Jour. Surg.*) as follows for the hairy scalp and it is equally applicable, under obvious modifications, for other portions of the integument. He says: A few words as to the details of the operative procedure may be appropriate here. The hair over the limited areas from which the grafts are to be taken is cut short, and these surfaces, as well as that in which they are to be implanted, are thoroughly scrubbed with soap and hot water, and afterward washed with a sublimate solution. The operation is conducted in every detail antiseptically. The first step is to prepare a bed for the reception of the grafts. With a slight rotatory motion the punch may be made to penetrate to the desired depth, and the included button of tissue is grasped in the center with a mouse-toothed forceps, lifted up, and separated from its underlying attachments with a sharp bistoury or scissors curved upon the flat. There is but slight bleeding, which soon ceases under pressure with absorbent cotton; it is better to wait a few minutes until this subsides. A similar procedure is followed in the case of the graft to be implanted. As it is necessary to include all the follicular structures of the scalp, which penetrate deeply in the occipital region, each button was fully a quarter of an inch or more in thickness. This is immediately inserted in the receptacle already prepared, care being taken that the axis of the hairs are properly directed. The graft is fixed accurately in position and slight pressure maintained with a smooth spatula for a few minutes. After the desired number of grafts are inserted, each is retained in position by means of a thin covering of rubber tissue, the edges of which are moistened with chloroform. This substance, being transparent, permits a satisfactory inspection of the condition of the parts beneath; over this is placed a layer of borated cotton. A bandage completes the dressing. The holes from which the grafts have been taken are filled with iodoform and covered with adhesive plaster. They heal promptly, and become almost entirely obliterated by cicatricial contraction.

Poisoned by Souse.—The following letter from a contributor appears in the *Texas Sanitarian:*

Five years ago this winter, I resided at Richland Spring, San Saba county. Most of the hogs killed for pork in that vicinity were slaughtered wild, as they ran in the woods. A farmer would take his dogs and his Winchester rifle, proceed to the range, and shoot the hogs from "long taw," sometimes firing half a dozen balls from a brass cartridge into the head of a single

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porker before bringing him down. Captain Woods, an old friend and veteran, who participated in the battle of San Jacinto, killed quite a number of these hogs; the heads of a dozen or more he gave to me to make into souse—being very fond of that dish from childhood. The savory viand was prepared with much care and painstaking by the writer hereof with his own hands. My family of five persons and a neighbor—making six in all—sat down to the table and all ate heartily of the souse except my wife, who, being a dyspeptic, touched it lightly. Result: in 20 minutes we had the sickest crowd ever seen in so short a time. Vomiting, retching, griping! O, such misery! What was the cause? The souse was carefully examined; out came a cankered, corroded bullet, another and another; enough! We are all poisoned with the sulphate of copper! What was to be done? The only partial andidote at hand was a quantity of the super-carbonate of iron. We gave each of the sick ones two or three doses of this at short intervals. We slowly recovered.

No doubt the action of the vinegar (a poor article of commercial vinegar, bought of a neighboring druggist), [doubtless made of sulphuric acid.—Ed.] most of which should never enter the human stomach, being itself a deadly poison, had much to do with the toxicological effect in the present instance. The same day that my family received the portion, a quantity of the same kind of pressed meat was sold at a hotel in Brownwood, producing precisely the same effect on about thirty guests who ate of it.

Actinomycosis in Cattle.—"Lumpy jaw," as it is called is described as follows by Dr. John B. Murphy (Chicago *Med. Rec.*): The disease in cattle is situated, in the majority of cases, at the angle of the jaw, in the lower maxillary bone, seldom in the upper. It appears as a single or multiple tumor of hard consistency, that gradually invades the contiguous parts until it forms an external opening there. Its irregular surface has a grayish yellow appearance, which may, on account of bleeding, be speckled red or brown. Upon a slight side-pressure a clear straw-colored fluid or creamy pus exudes from the apparently solid tumor, which is interspersed with granules the size of a hemp seed and the color of sulphur. These granules are quite hard to the touch, and are so intimately connected with the pus that they can be separated therefrom only with difficulty. If a tranverse section is made through the indurated parts, the cut presents a bacon-like or sarcomatous appearance, and even where the surface of the affected part is rough and swollen, the cut still has a very uniform appearance; and so extremely gradual is the transition from the affected to the unaffected parts, that it is extremely difficult to mark the boundary. Upon close inspection the section is observed to be studded with numerous pale, grayish, honey-combed places; they are spherical in form and have a diameter of from one-half to one centimeter, although they may attain five centimeters. These places are the centers of the numerous burrowing deposits, caverns or new growths which, as they penetrate the tissues, enlarge and coalesce; and upon pressure yield the creamy pus or brown fluid with the characteristic sulphur colored granules interspersed. The disease may be simply confined to the soft tissues, but is usually intimately connected with the bones of the jaw. It makes its way along the alveolar canals, loosening the teeth and lifting them out of their sockets. Sometimes the teeth, when loosened, are barely attacked at the surface, at other times they are half destroyed. So far, the disease has never been observed in the region of the incisors. But however usurped or invaded the bones may be, they are capable of undergoing a complete regeneration, and so complete may this be that the only trace left of the destructive invasion is the roughened surface of the bone, as after a simple periostitis. When the disease undergoes a degeneration in the soft tissues the fistulæ are filled, as in a simple abscess, with pus in which the microscope, at most, can only detect the fibrous threads of the actinomyces.

Outstanding Ears.—This is a common deformity observed in infants and children and generally caused by permitting them to sleep with the ears doubled up under the side of the head resting on the pillow. To prevent this, or correct it when it exists and thus produce a better cosmetic appearance the "aural cap" has been devised. It can easily be made of tape as shown

in the above figure and it will prove efficient for the purpose intended. The advantage of making this device of tape is that it secures proper ventilation for the scalp and is more cleanly than a cap. When soiled it can be easily washed and it may be used for an indefinite period.

Knee-Jerk in the Condition of Super-Venosity.—Dr. J. Hughlings Jackson writes as follows to the *British Medical Journal:* I have observed that the knee jerks are absent in some cases of emphysema with bronchitis where the blood has become venous to an extreme degree. As the patients we observed were near death when the knee-jerks were absent, I hesitate to come to the conclusion that they were ab-

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sent as a mere consequence of extreme super-venosity. Dr. James Harry Sequeira has given me notes of the case of a girl, aged 9, suffering from diphtheria, who was tracheotomized (carefully) at midnight on account of urgent respiratory difficulty producing cyanosis. Before the operation, her knee jerks were absent; next day, when she was breathing easily, cyanosis having disappeared, the jerks were obtained, and they were elicitable until her discharge about a month after the operation.

Dr. Risien Russell, at my suggestion, examined the knee-jerks of a dog artificially asphyxiated by clamping its trachea; the animal's knee-jerks became exaggerated until knee clonus was produced; but in the third stage of asphyxia no reaction could be obtained. As asphyxia diminishes, and in an extreme degree annuls the excitability of the motor cortex, it may be that the preliminary exaggeration of the knee-jerk observed by Dr. Russell was owing to loss of cerebral control upon lumbar centers, and that these strongly organized spinal centers succumbed later to the poisonous influence of supervenous blood than did the controlling cerebral motor centers.

This communication is merely preliminary, and thus qualifications to foregoing statements are not given, and certain objections, some very obvious, are not stated. If super-venosity is a cause of loss of the knee-jerks, the fact may be important with regard to the apoplectic state, and possibly somewhat with regard also to post-epileptic coma. In some cases of apoplexy from cerebral hemorrhage, the knee-jerks are lost, in others not. It is worth while in all cases of apoplexy or coma to note the degree of super-venosity, and to investigate, in regard to it, the state of the patients as to tendon-reactions and superficial reflexes.

Origin of Small-Pox.—In an article on vaccination (*Jour. Am. Med. Ass'n.*) Dr. W. H. Washburn summarizes the history of the origin of small-pox as follows:

The origin of small-pox is veiled in the impenetrable mists of the past; where and when or how the first case appeared, no one will ever know, but it is a thought that it was first recognized as a distinct disease in Asia, possibly in China, where references are made in writings of 1122 B. C. to a disease presenting the symptoms of small-pox. There is, however, no reason to doubt but that the disease had spread death in its trail for untold centuries prior to this, for the most ancient Sanscrit literatures indicate that fatal epidemics of unknown origin and name were prevalent in India 5,000 years ago, and devastated Persia before the days of Zoroaster. It was first recognized in the sixth century, when it was described by Ahron, an Egyptian physician. Rhazes, an Arabian physician of Bagdad, about 910 A.D., was the first to write specifically of small-pox and differentiate it from measles. From this time, tenth century, to the beginning of the present, the disease was prevalent in Europe to such an extent that it was universally regarded as the greatest enemy of the human race.

Malthus, writing at the beginning of this century says that "the small-pox may be considered the most prevalent and fatal epidemic in Europe." La Condamine estimated that one in every ten of the entire population died of it, while Jurin's investigations led him to place the proportion at one in fourteen.

Curschman (Ziemssen's cyclopedia), says that it has been estimated that from 7 to 12 per cent of all deaths were due to variola. During the conquest of Mexico by Cortez, small-pox made its appearance among the natives, producing remarkably fatal results. Prescott says that it swept over the country like a fire over the prairies, smiting down prince and peasant alike, so that they "perished in heaps like cattle stricken with the Murrain." "So great was the number of those who died of this disease that there was no possibility of burying them, and in Mexico the dead were thrown into the canals, then filled with water, until the air was poisoned with the stench of putrid bodies." (Prescott, Conquest of Mexico, vol. ii. Note p. 420). In 1717 a Greek slave taught the art of inoculation to a woman, Lady Montagu, through whose efforts its practice was introduced into England in 1721, and thence to the other countries of Europe.

Ainhum.—Mr. Johnson Smith, F.R.C.S, showed the West Kent Medico-Chirugical Society (*Lancet*) a case of Ainhum. The patient was a tall, muscular negro, aged thirty-eight, from Jamaica, who had been a sailor for eighteen years. Ten months ago he first complained of pain in the little toe of the right foot, and he noticed a slight constriction on the under surface; this has increased very much in depth, and extended to the upper surface. There is now a very deep constriction on the plantar and inner surfaces of the toe, corresponding to the middle of the first phalanx, and this groove is continuous with a shallow one on the dorsum. The distal portion of the toe is swollen. None of the other toes in either foot are similarly affected. There is much pain in the affected toe, which prevents the patient from sleeping at night.

Hot Springs and Syphilis.—Probably no place on this continent receives more merited praise and abuse than does Hot Springs, Ark. (*Memphis Jour. Med. Sci.*). Syphilitic subjects by the thousand flock to the place from all parts of the United States, thinking that it possesses specific virtues in curing their disease. They are usually much benefitted, and many leave after a six-weeks' or a three months' course, free from every symptom of the disease. The virtue of Hot Springs consists in the fact that patients visit the place for the special purpose of treatment. While there business and other cares are dropped, and habits are stopped, and the physician's advice becomes law. Change of scene, fresh mountain air, pure water and healthful surroundings are important factors; and na-

ture has added another in the abundant supply of hot water. Copious imbibition of, and regulated baths in, this water do much to stimulate metabolic activity; they also cause rapid elimination of drugs from the system, and hence allow freer medication. It is an excellent place for the treatment of syphilis, but exercises no specific influence over the disease. Baneful effects cannot be charged directly against Hot Springs, but indirectly it often works to the subsequent disadvantage of its visitors, and thus furnishes the cause for abuse which it frequently gets. The benefits conferred by a course at Hot Springs have engendered a very prevalent belief that the place possesses specific virtues in the cure of syphilis; that a course at Hot Springs means a cure of the disease. A supposed cure having been effected by a "course at Hot Springs," further treatment is abandoned, and apprehension of recurrence of the disease is dismissed. Lulled into this feeling of security the safeguard of early recognition of the disease, in event of its reappearance, is removed. Syphilis is very apt to reappear if only a brief course of treatment has been carried out, whether at Hot Springs or elsewhere, and if allowed to remain unrecognized for any length of time, serious and often irreparable damage may be done. Through this means Hot S. rings does a deal of harm.

Syzygium Jambolanum in Diabetes Mellitus.—H. Henrichs (*Dissert. Inaug., Brit. Med. Jour.*) reports his experience with syzygium jambolanum in diabetes. He used either the powdered bark and seeds of a decoction of the same. The daily dose of the powdered seeds was from 10 to 35 grammes. As to any beneficial effects the author's observations are entirely negative. Not only was the jambul useless, but used in combination with a carefully restricted diet it seemed rather to do harm. It had no beneficial influence either on the quantity of urine passed, on the amount of sugar contained therein, or on the general health of the patients.

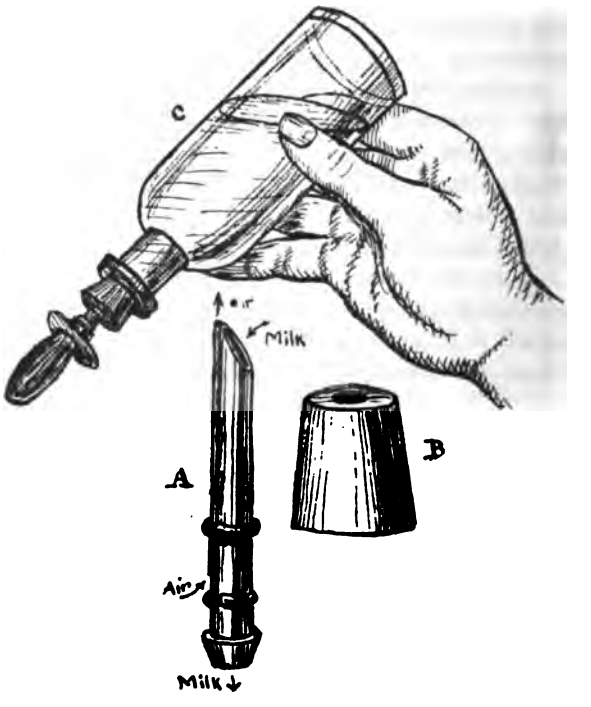
Treatment of Cancer.—A contributor to one of our contemporaries states that Mr. Charles Egerton Jennings, of London, in his admirable book no "Cancer and Its Complications," in speaking of cancer of the breast, uses these words: "When caustics are employed to destroy a cancerous growth of any considerable dimensions the results are far inferior to excision or amputation under modern conditions. The bulk of the growth is hardly ever eradicated, and manifest local recurrence occurs ordinarily after the lapse of a few weeks. The caustics are applied and reapplied, and this sad treatment goes on until the patient is relieved by death of a treatment which adds pain to that of the disease, which it ordinarily aggravates."

He makes an exception in favor of caustics in certain very old and debilitated patients, where there is an open ulcer, with the surrounding tissues adherent to the ribs, for the purpose of arresting offensive discharges for a while, and ends by recommending a preparation consisting of

℞ Hydrochlorate of cocaine, - - ʒss.
Caustic potash, - - - ʒjss.
Vaseline, - - - - - ʒij.
M.

After the skin is well cleansed, small portions of this paste are well rubbed in with a wooden spatula, and in a few minutes considerable tissue can be destroyed. It is not a painful application, and he has removed small growths on various parts of the body quite satisfactorily. The charred portions should be carefully wiped away with absorbent cotton during the application, to prevent destruction of adjoining healthy tissues.

The Galactophor.—Paul Budin, according to *La Medicine Moderne*, has devised a feeding bottle which is shown in the accompanying figure. A rubber stopper (B) has a double tube (A) which permits the air to enter into the bottle (C) which is employed. A rubber nipple is attached to the tube and held in place by a flange. The tube for the entrance of air should



be small. By doing this the milk cannot escape by the air tube when the bottle is tilted; and, in the second place the milk does not escape so rapidly as to interfere with the deglutition of the child. Another advantage which this device possesses is that it can easily be kept clean.

Local Anesthesia.—Dr. C. Schleich, at a recent meeting of the Berlin Medical Society, discussed the subject of local anesthesia by subcutaneous injections (*Boston Med. and Surg. Jour.*). He recommends that the skin be sprayed with ether before the puncture. Cocaine should be used in weak solutions only; he has

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performed five laparotomies with a 2 per cent. solution. The strictest antisepsis is necessary. Even solutions of two parts in 10,000 make the skin insensible in the region of the puncture; even water injected into the skin produces anesthesia. That water acts because it is a chemically foreign body is shown from the fact that a physiological neutral fluid fails to produce similar results. Other solutions which are capable of producing anesthesia are solutions of sugar, one per cent. solution of methyl violet, one-tenth per cent. solution of morphia, two per cent. solution of bromide of potassium, and two per cent. solution of caffeine.

These latter two solutions he recommends in cases where as much cocaine has already been injected as is deemed safe. In the discussion on the paper Gluck said that he considered that in some cases of similar local anesthesia the patient was in a condition of hypnosis.

Specific for Whooping-Cough.—According to the *Popular Medical Monthly*, the following may be given to children suffering from whooping-cough, which will usually cure the disease in three weeks if the children are kept indoors (unless the weather be very warm) and away from draughts:

℞ Liquid extract of ergot, - - gtt. v.
Glycerine, - - - - ʒss.
M.

This may be given for a child three months old every four hours till the cough is relieved, which may not be before a week, then given three times a day, and so gradually leave off. For older children the dose of the ergot should be increased up to ten drops, and if the cough is very severe, it may have to be given every two or three hours for the first few days, then less frequently till the child is well.

Complete Subcutaneous Emphysema.—A case of this unusual condition is reported (*Brit. Med. Jour.*) by Dr. Geo. Croker. On November 30, 1891, he was called to see a little boy, between 5 and 6 years old, who presented the following appearance: His neck, cheeks, and chest, arms, legs, and trunk, were swollen to an enormous size, so as to resemble a series of huge bladders. His eyes were quite closed up, and his head and neck formed a uniform inflated mass. The scalp was blown out in front and at the sides; the chest and back bulged out like great air-cushions, which sank in on pressure for over an inch. The scrotum was inflated to the size of a large ostrich egg. Audible cracking could be elicited all through.

He learned that the boy had whooping-cough, and that after a fit of coughing, his mother noticed his neck below the jaws a little swollen. The swelling increased, and within two days his appearance was as above described. He punctured the most inflated part of the chest, but the amount of air that escaped was inappreciable. He was in a very weak condition when he saw him, with faint whiffy breathing, sordes on the teeth, and extremely small pulse. He died three days after. The air seemed to have travelled by way of the mediastinum into the neck and from thence over the whole body.

Hematoma Auris in the Insane.—Dr. Tishkoff has examined (*Lancet*) and reported upon ten cases of hematoma auris occurring in patients suffering from general paralysis of the insane, in which disease it differs both clinically and pathologically from other forms of hematoma attacking the ear. Hematoma auris is due to the exposure of the cartilage of the ear to external influences, rendering it susceptible to morbid changes. It commences with inflammation of the perichondrium, which is followed by absorption of the cartilage caused by the formation of new bloodvessels. The rupture of these vessels creates a cavity between the perichondrium and the cartilage, which increases as the flow of blood continues. The characteristic form of the hematoma is caused by the cavity between the cartilage and perichondrium. The blood is slowly absorbed, and the thickness of the walls of the cavity is augmented by a new growth of connective tissue. The exciting cause in the insane is generally maniacal excitement; in the healthy it is always traumatic.

Death by Hanging.—The *St. Petersburger Med. Woch.* gives a resume of a paper by A. S. Ignatovski on the cause of death by hanging. He refers the rapid loss of consciousness after suspension to the retarded or arrested circulation in the brain brought about by the increased intra-cranial blood pressure. The effect of this impediment to the circulation is the same as in cerebral anemia, for in both the nutrition of the brain suffers. It is therefore not as Leofman teaches, an insufficient supply of blood to the brain, due to compression of the carotids, which interferes with the functional activity of the brain, but compression of the capillaries by increase of the intra-cranial pressure, which has this effect, and which occurs whilst the supply of blood remains the same, or even increases.

Stone in Ear 37 Years.—Dr. A. A. Smith reports the following in the *Lancet:* R. W., aged 43, railway signalman, came to the infirmary stating that when six years of age, something got into his left ear, but that as no ill effects ensued, his parents had done nothing. About six months ago he began to hear noises in the head, with buzzing on the left side. These got worse and he found himself getting deaf. He came to the infirmary, and on examination I detected a foreign body. After carefully syringing the ear for some time a large stone, covered with cerumen, escaped. The drum appeared quite normal, and the patient now hears quite well and is free from noises in the head. This stone, a drawing of which I send, exact size, must have been in the external auditory canal without inconvenience or doing harm for about thirty-seven years. The reason why he experienced the noises etc. during the last six months was, I think, on account of the wax accumulating sufficiently to completely block up the canal.

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Springfield, Ill., Letter.

Editor Medical Review.—

Sanitary Science.—This is the title of a paper read by Dr. Bumstead of Decatur. The doctor truly said there is no more important department of our profession than that which relates to the prevention of disease; he also said we have duties of this character to perform to those who employ us; and, in addition, we owe something as general sanitary advisors to the communities in which we live.

In speaking of what drainage had done in the district of which members of this society practice, saying it had much to do with the gradual disappearance of the "Old Illinois Shakes."

Next he spoke of the unsanitary condition of the barn-yards and wells of the Western farmers, and that the wells in Central Illinois were shallow and supplied with ground water, and therefore responsible for many ills; and to those living in this district he would say: "Beware of the wells—the water may be cold and clear, but do not trust it for household use, unless you first boil it and run it through a Pasteur filter."

Then of the circulation of air to some considerable depth in the ground, and consequently of the necessity of cementing cellars and foundations, or the surface beneath the house; also of the mistake in using tile in making a connection between the plumbing of the house and the sewer, and advocates the use of iron pipes with air-tight joints. Coming to a very important part of the paper, viz, contagious diseases, he said it was a prevalent belief among the people, who, by the way, referred to some members of our profession as their authority, that scarlet fever, scarlatina and scarlet rash were distinct diseases, and of the advisability of physicians disabusing their minds of such nonsensical ideas, and impress upon them it is only a difference in degree.

In speaking of the dreaded disease, diphtheria, and the difficulty with which physicians have to combat when the people will only admit in a half-hearted sort of manner its contagiousness. He also asked, what is the position of the profession on this matter? Answers by saying, surely very few will be found to deny the contagiousness of diphtheria, but proceeds to say, unfortunately for the sanitarian, the new doctrine about follicular tonsillitis with a membraneous deposit on the mucous surface alleged to be distinct from diphtheria has lately been promulgated, more to justify action of patient or physician. This may be a mild form of diphtheria where the Klebs-Loeffler bacillus cannot be found in the blood, and, therefore, if we answer that such cases are not true diphtheria, and therefore not contagious, he believes we make a mistake, and would treat them as mild cases, saying experience has taught him if to treat our patients safely, we will call all cases diphtheria that have white or yellowish patches on or behind the tonsils, attended with more or less fever, aching pains, and "the peculiar depression," saying physicians are tempted to treat such cases leniently on account of family convenience, and calls to his aid follicular sore throat; on this question he concludes by saying, we will not countenance the doctrine until it has been more safely established than at present.

Quoting Dr. Lovell Gulland, who claims to have discovered the tonsils are factors for the production of white blood-cells, and that between these cells and the various germs inimical to life there is a state of perpetual warfare, and when in health ending victoriously for blood-cells, but when out of health these vigilant officials are less numerous and their appetite less—infection is a consequence. Such sanitarians, however, we are not likely to become, and when the discovery becomes more fully established we shall expect to hear from the followers of Paley.

In conclusion, he pointed out the great waste of time in arriving at a conclusion under the present system of local boards of health, and advocated the appointment of a competent physician to act as medical officer of health, granting him power to settle small matters alone, but to consult with the board on the greater questions.

The discussion was somewhat animated on the question of diphtheria and follicular tonsillitis, and was entered into by many who were present. S.

New England Letter.

Editor Medical Review.—Dr. Marcy, the President of the American Medical Association, read a paper "On Hernia," before the Hartford City Medical Society. It was of unusual interest, from the fact that the anatomy, pathology and methods of treatment were shown by micro-photographic slides, on a canvass with a magic lantern. Over a hundred slides were exhibited, many of them displayed the microscopic changes in the tissue, and the effect of pressure on muscular fiber. It was a great advance to be able to show the teachings of the microscope, as well as the expertness of the anatomist, on the canvass. Dr. Marcy has a book on this subject passing through the press of Appletons of New York. He urges that hernia is curable by an early operation, and that any ordinary physician should be able to perform the work.

As an instance of credulity far away, the following is an illustration: The Australian government hearing that a new remedy for drunkenness had been discovered in America, and that this evil was about to be driven away for ever, sent a medical commissioner to this country to study and investigate the new method. The gentleman appointed on this commission was a gradu-

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ate of the London and Paris schools of medicine, and of course solidly trained as a medical man. In due time he arrived at this new Mecca for inebriates, and after the first great shock of disappointment in finding that all the managing men, from the discoverer down were all reformed inebriates and opium takers, and paronoics of the most pronounced type, he entered into the humor of the movement. Announcing himself somewhat damaged by alcohol and opium he became a patient and fell in line to receive the immortal Aurum. After the second dose his optics required glasses, and the second day his legs became unsteady, and he was unable to continue the copious notes he had begun. His mind grew cloudy, and he became indifferent to all things in general. He became alarmed, and rushed to a leading medical man of Chicago, and was very ill for two weeks under his care. His eyesight did not recover, and after consulting with leading occulists of New York and Boston, he sailed to London, the maddest physician that ever left the American continent for a century past. His views and experience will be an interesting chapter in the future.

The death of Dr. Bowditch of Harvard Medical College removes an old-time medical scholar, who continued a student to his death. He was an excellent teacher, because he roused his pupils to think and observe for themselves, and never to accept a theory as a fact because it was stated by some one who was supposed to know.

A remarkable case of spontaneous combustion is reported by a medical officer in Ayre, Mass. The victim, a woman, was working in a field and her clothes took fire, this extended to the flesh, and streams of flame burst out of her mouth and from over the abdomen ten or twelve inches high. It was only extinguished from smothering by dirt. The body was in some state of chemical degeneration which burst into flames from the slight exposure of fire.

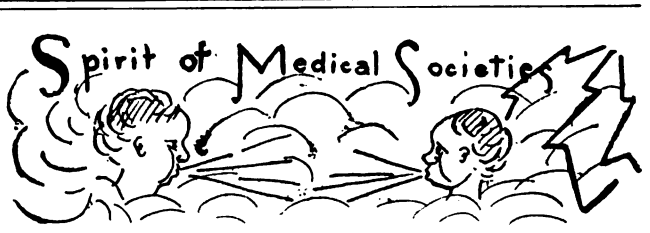
Medical politics is law in this part of the country. The only agitation is in cities for the petty places of corporations. Insane asylums and hospital staffs rarely change, and never from political reasons. Insurance companies and large corporations who employ medical men rarely change unless for serious cause. A young man entering any special service has opportunity to master it fully if he chooses, unless he proves his unfitness. The New England medical man is generally a reader, and always accumulates a library on some topic, either in or out of the profession. T. D. C.

A Suggestion.

We are in receipt of the following suggestion from a subscriber:

Editor MEDICAL REVIEW.—I like the MEDICAL REVIEW better than any journal coming to me, and I take four or five. Make it so that it will contain more reading matter of the same style and put the subscription at $5.00. Yours, etc., B. F. ABERNATHY, M.D.

Stribling, Tenn., Feb. 19, 1892.



Spread of Tuberculosis.—At a recent meeting of the New York Academy of medicine (*Med. Rec.*) Dr. Edward G. Janeway said that in his part of the discussion he would only consider the contagiousness of pulmonary phthisis and certain measures which could at least be attempted in the way of controlling the spread of the disease, as coming from persons already suffering from it. There were to-day, he said, only few physicians who hesitated to accept the bacillus tuberculosis as the direct exciting cause of tubercular phthisis. Yet the idea was more or less prevalent that heredity played a most important part. As evidence of the contagiousness of the affection, several cases were related from the author's note book. A father and mother were healthy, one of their children became affected, and then all the others in succession fell victims to the disease. In another instance, a son married a young lady having phthisis, and he, his mother, and brother became affected, although belonging to a family without natural tendency. A lady coming from a family free from phthisis went to live in a house where a man had died of phthisis, she herself contracted the disease. A family free from tubercular history, father and mother and three children still living; a child in the family, two months of age, was kissed by the daughter of a person in attendance, the daughter having phthisis with bacilli in the sputa, the babe became infected and died with rapid inflammatory disease of the lung breaking down into cavity.

Estimating the number of the living suffering from phthisis as one-third of the number dying of that disease in a given year, which was certainly within the true limits, he said we would have at any one time in New York, during the year 1890, 16,000 persons with tubercular phthisis. Much the larger proportion were over ten years of age. Admitting the presence of so large a tuberculous population, and that the disease was contagious, how was it that so many escaped contracting the disease? The answer lay in powers of resistance. Under certain conditions the resistance became diminished, and then exposure to the tubercle bacilli was likely to lead to tuberculosis.

Case of Protracted Gestation.—Dr. Page Blake read this paper before the Obstetrical Society of London (*Brit. Med. Jour.*). The patient, aged 25, had been married two years. She had had two miscarriages at the third month. She menstruated on September 22, and coitus took place on October 15. There was no period in October. Morning sickness soon came on, and confinement was calculated to take place about

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July, 22, and on this date there was an abundant secretion of milk. She continued to increase in size, and on August 3, labor apparently began, but after lasting three or four days the pains ceased, and she was not delivered until September 5, or 323 days after conception.

Dr. Chamneys thought that the evidence of protracted gestation was insufficient. There was no mention of the weight, length or condition of nails and skin of the child, nor was the date of the return of the husband given.

Dr. Routh asked if the patient had a pendulous abdomen, as he believed this condttion would cause protracted gestation, the uterus being unable to act properly.

Dr. Cullingworth said from a medico-legal point of view it would be desirable to obtain the additional information mentioned by Dr. Chamneys.

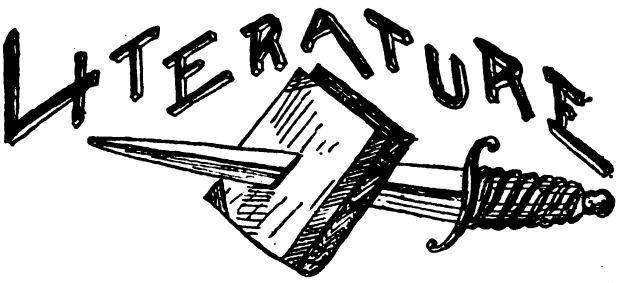
Dr. Leith Napier spoke to the same effect, and also said that the secretion of milk and pains resembling labor pains might be found in the non-pregnant state. Most cases of so-called protracted gestation were pregnancies of ordinary duration preceded by amenorrhea due to other causes.

Drs. Braxton Hicks and Playfair made remarks.

Dr. Lewers mentioned the case of a patient, aged 49, who after thirteen months' amenorrhea was found to be merely five months pregnant.

Dr. Herman said the history of the time of the coitus was too indefinite.

Dermoid Cyst.—Dr. T. A. Ashby exhibited to the Gynecological and Obstetrical Society of Baltimore, a dermoid cyst which he had recently removed from a single woman of 25. The cyst grew from the left ovary and had been diagnosed as ovarian cyst. It measured 4½ by 5½ inches in its diameters. Its removal was accomplished without trouble and the patient made a prompt recovery. The interest in the case centered in the character of the cyst and its contents. It was lined internally with dermal tissue, and at one point the layer covered a small piece of bone. At this point a long twist of nair grew from the skin and measured thirty inches in length. The cyst contained a large collection of sebaceous and oily matter, and large strands of hair disconnected from the tumor and matted together in the cyst. The specimen was of an uncommon variety of dermoid cyst. A similar case has been reported by Dr. Paul F. Munde, of New York. The speaker stated that these cysts are no doubt due to an excentric and irregular development of the epiblastic layer of the tissues of the embryo. The cysts are almost uniformly found in organs and tissues which owe their origin to the epiblastic layer, and this circumstence goes on to explain the peculiar features which they present. The ovary is a very common location for them and this fact would tend to prove that the organs of generation originate in the epiblast.



Diseases of the Hip-Joint. The Etiology, Pathology, and Treatment. By ROBERT W. LOVETT, M.D. 8 vo., pp. 220. [Boston: Press of Geo. H. Ellis. 1891.

This monograph is the Fiske Prize Fund Dissertation, No. XLII. It is by far the most complete review of the subject which we have had the pleasure of seeing for quite a long time. It is a systematic dissertation upon a subject of the highest interest to the orthopedic surgeon and of the greatest value to all those who have occasion to treat diseases of the joints in general, as the principles laid down more particularly in reference to the hip joint are certainly applicable to the others.

This work won the prize of three hundred dollars offered by the Rhode Island Medical Society and is a good demonstration of what may be accomplished by means of a substantial inducement to further medical investigation.

The diseases of the hip-joint which are taken into consideration embrace about all the conditions which are found to affect it. The author considers acute arthritis, and synovitis, chronic serous synovitis, tuberculous ostitis (coxalgia), gummatous ostitis, arthritis deformans, Charcot's disease, malignant and other tumors, loose bodies, congenital dislocation, and hysterical affections of the hip-joint. From this list an idea may be formed of the wide range of diseases and conditions which this monograph covers. A number of fine engravings and photo engravings are introduced and greatly aid in elucidating the text.

By far the greater bulk of the essay (one-third) is devoted to coxalgia. In considering the pathology of the disease, the author is strongly inclined to the view that it is a tubercular process. In discussing the etiology of the trouble he regards trauma as merely an exciting factor and and not as a cause of hip disease. He states that investigations have shown that there must be a tuberculous condition before an injury can bring about morbus coxarius, and he enforces his opinion by the experience of himself and others which has shown that examination reveals the presence of the tubercle bacilli in those cases where a systematic search is made for them. Moreover, Schueller's classical experiments reported in 1878 seem to influence him further in the same direction. His conclusion is that hip disease occurs, as a rule, only in those who have an hereditary or acquired tendency to tuberculosis, and in a large proportion of these cases an accident is the exciting cause of the disease, but hip disease apparently of a tubercu-

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lar type occurs at times in children who present every appearance of perfect health.

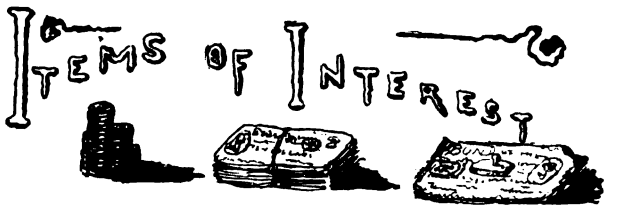
The author goes into a full consideration of the relative value of excision over mechanical treatment and concludes that excision, as a general procedure, is not to be preferred. Of course, there are certain conditions in which it is absolutely necessary but it must not be forgotten that the operation does not have the effect of preventing generalized tuberculosis. The operation is a dangerous one and often a simple incision into the joint will suffice.

Congenital dislocation of the hip joint is considered very fully and in a highly interesting manner. The various procedures employed for the alleviation of this distressing deformity are given in a clear and lucid manner.

The mechanical execution of the book is faultless in every respect and reflects great credit upon the society for the manner in which they have presented this prize essay, which stamps its author as a progressive and accomplished orthopedic surgeon of judgment and discrimination.

An Ingenious Student in medicine in Paris has come to grief. It appears that although still in his first year he was a graduate in thrift. He associated with himself a druggist who opened a pharmacy in his own name. Three students passed themselves off for physicians and supplied the store with prescriptions obtained by credulous patrons. The greater part of the drugs was stolen from the chemical laboratory of the Faculty of Medicine by one of the attendants, so that the profits of the concern were quite tidy. A quarrel led to revelations of a damaging character and to the seizing of the drug store. The student has been deprived of the right of matriculating for future courses.

Doctor and Druggist.—At the last monthly banquet of the Chicago Practitioners' Club the "Relations of Doctor and Druggist" called forth a lively discussion in which hair was freely pulled in a good-natured way on both sides, (*Chicago Med. Rec.*) as a fair delegation of pharmacists were in attendance to represent their craft. Counter-prescribing and refilling of prescriptions without physicians' orders were universally deprecated. The druggists very reasonably pointed out the difficulties they meet in filling orders for the innumerable proprietary and controlled preparations so freely prescribed by physicians, who should be ashamed of such practice by the way, and in harmonizing the interests of patient, physician and themselves in a business upon which they depend for bread and butter. While abuse of physicians' orders, substitution, gratuitous recommendations, "steering" for certain practitioners, and the payment of commissions were alleged against a few druggists, the general idea seemed to be that both sides were doing well and might be expected to improve.



Theses for the doctorate degree in France appear to have fallen into bad odor, if we are to judge from the articles in the leading medical journals which strongly favor their abolition. Examinations are held to be all sufficient.

Influenza still continues in an epidemic state in many localities. In Lyons, France, it seems to attack the old almost exclusively giving rise to a high mortality. In Saxony it prevails to such an extent that ten of the fifteen normal schools in that Kingdom have been closed.

The Medical Society of the Missouri Valley will hold its nex annual meeting in Leavenworth, Kans., March 17 and 18 next. The titles of papers to be read should have been sent to the Secretary, Dr. F. S. Thomas, before March 1. The fee for this meeting is two dollars.

The Tennessee State Medical Society will hold its annual session for 1892 in Knoxville, beginning April 12—the second Tuesday of that month. The Secretary, Dr. D. E. Nelson, of Chattanooga, Tenn., will furnish additional information on application. An excellent session is anticipated.

An Ounce of Camphor dissolved in three ounces of turpentine has been used in Columbia Hospital for Women to check secretion of milk in mastitis. It relieves pain, diminishes induration, and reduces inflammation. Care should be taken that the part should not be so tightly covered that the application shall produce irritation of the surface.

Pan-American Medical Congress of New York State.—At the meeting of the Medical Society of the State of New York at Albany, a committee was appointed to co-operate in promoting the interests of the Pan-American Medical Congress. The committee consisted of Drs. A. Walter Suiter, A. Van der Veer, James D. Spencer, Seneca D. Powell, W. W. Potter, D. B. St. John Roosa, and John O. Roe.

Dr. George Tully Vaughan, Past Assistant Surgeon, U. S. Marine Hospital Service, until now stationed in Evansville, Ind., where he greatly improved the Service and won many friends, has been selected as Assistant to Surgeon General Wyman, and will at once move to Washington, D. C. This is a deserved rapid promotion of one of the most capable officers of the service—having entered it only in 1887. From about 1880 to 1887, he was in private practice in Farmville, Va.

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A Medical College for women is to be stated in St. Paul, Minn.

Yellow Fever has appeared in Buenos Ayres and the mortality therefrom is increasing daily.

The State Board of Health of Kentucky, have begun a vigorous prosecution of quacks and traveling doctors in Louisville.

There are no medical practice laws in Kansas, Utah, Connecticut, Maryland, Ohio, Maine, Rhode Island and Massachusetts.

Dr. A. H. Paquet, Professor of Clinical Medicine in the Medical Department of Laval University, Montreal, died recently at St. Cuthbert.

Closing of Tenements.—The Boston City Board of Health have recently ordered vacated a number of tenement houses, for sanitary reasons.

A Congress of Balneology is to be held in Berlin during the week commencing March 10. Dr. Oscar Liebreich is the president of the association.

The Eleventh German Congress of Internal Medicine will be held at Leipzig from April 20th to 23d, under the presidency of Curschmann.

Dr. Claude M. Jones, of Boston, died in that city a few days ago. He was born in Worcester in 1845, was graduated with honors from Harvard in 1866, and from the Harverd Medical School in 1874.

Quarantine was ordered for two ships in New York recently. One, a Cunarder, was suspected of having typhus fever aboard; and the other from the coast of Brazil had several cases of yellow fever.

The Kansas City Medical College has resolved to establish a post-graduate course for the benefit of those desiring such a course of instruction without having to go East at a heavy expense to obtain it.

Chicago must be in a bad way. One of our exchanges from the scarlet city says: A manufacturing chemist of this city informed us recently that he had an order for five million aphrodisiac pills! Is the country going to the dogs, or the people or both, or are the New Yorkers at it again?

A New Children's Hospital.—The trustees of St. John's Guild have secured a building at No. 157 West 61st Street for a new hospital for children. The hospital is to be free far all children of the poor without distinction as to color, nationality, or creed. It is intended that other similar hospitals shall be opened in different parts of the city as soon as the requisite funds may be obtained.

The University of the South, at Sewanee, is about to open a medical department, to be called the "Summer School of Medicine." It is to have a term of five months, beginning in April. The "long felt want" which this new school is intended to meet is not very apparent to the naked eyes says the *Record.*

Medical Prizes Offered.—The medical faculty of the University of Tuebingen has offered two prizes for the best essays on each of the following subjects: "A Critical Resume of Recent Theories of Glaucoma, Preferably Based upon Original Experiments upon the Eyes of Animals;" "The influences, if any, Exerted by Antipyrin, Antifebrin, and Phenacetin upon the Conditions that follow the Excessive use of Alcohol."

The Medical Examining Board of Virginia will hold its first semi-annual session of 1892 in the Capitol Building, Richmond, Va., beginning at 9 P. M., on Tuesday, April 19—the third Tuesday of that month. Examinations of candidates will begin punctually at 9 A. M., Wednesday, April 20; hence candidates should report to the Secretary of the Board (who will be in the Hall of the House of Delegates) at 8:30 A. M., so as to attend to the preliminaries. Further information may be obtained by addressing the Secretary of the Board (Dr. Paulus A. Irving, Farmville, Va.), or the President (Dr. Hugh M. Taylor, Richmond, Va.).

Keeley to be Sued.—Now that the New York Legislature has got after the the bichloride of gold cure, there seems to be trouble ahead for Keeley's institutions from another source. A New York evening paper says it is reported that the friends of Walter B. Early, a former patient of the institution who died insane after undergoing the treatment and being discharged "cured" of his intemperate habits, are going to make things lively for the Keeley people.

They claim that Earle's death was directly caused by the bichloride of gold treatment and are making arrangements to bring an action for $100,000 damages against Dr. Keeley and his associates.

Female Doctors and the Virginia Legislature.—Some weeks ago, a bill passed the House of Delegates of Virginia, requiring that one of the staff of physicians of each of the insane asylums of the State shall be a female; but when the bill came to the Senate, it was defeated by a large majority. During the agitation of the subject, many contradictory and amusing arguments were used in all seriousness in the newspapers, and in the halls of the General Assembly, *pro* and *con.* The legislative agitation of the question was altogether unnecessary; for there is no Virginia law which prevents woman from practicing medicine, provided she proves herself qualified before the Medical Board of Virginia; nor does any law restrain her from holding a professional position in an asylum or other State institution, provided she is duly elected, etc.

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Benzin is said to be an agent which rapidly cures tinea versicolor.

Diphtheria is said to be raging at Pleasantview, Wis. The school has been closed and the citizens are alarmed at the great number of deaths which have occurred.

Dr. Alexander Lumnitzer, Professor of Surgery in the University Clinic of Budapest, died recently at the age of 71. He had been a large contributor to surgical literature.

Sudden Deafness should always lead to a careful examination of the meatus as it is frequently due to a plug of inspissated cerumen. By extracting this the hearing will be instantly restored.

Electro-Therapeutics are regulated by the government of Prussia. The minister, *ad hoc* has recently called attention to the fact that the legal fees are 2.15 marks (about 54 cents) for the first sitting and 1.10 (27 cents) for each subsequent one.

Dr. E. Bland, of Sandiacre, England, has been presented by the inhabitants of the district among whom he has practiced for the past forty years, with a handsome brougham, a set of silver mounted harness, coachman's outfit, and a portrait of himself.

Modern Schoolhouses, according to Dr. Stanley Hall, of Worcester, Mass., greatly affect the health of school children. Thirty per cent are sickly and physical examination has demonstrated that one-third of those who emerge from school have some ocular disease.

A Callow Drug Clerk in Baltimore dispensed sulphuric acid when sulphuric ether was called for. A child was very painfully burned from application of the stuff to her cheek and an aching tooth, through ignorance of its nature. A clerk so careless as this should be treated as a criminal.

A Hospital for Consumptives is to be built not far from Vienna for the benefit of the poor. Professor von Schroetter is the promotor and it will be under the patronage of Grand Duke Carl Ludwig. It is designed to create a town at the chosen locality which shall be an asylum for tuberculous patients.

To Remove Glass Beads from the Ear.—For the removal of glass beads from the ear it has been newly recommended to melt alum in a spoon over a flame, dip in the molten mass the end of a thin rod of wood, separated into its component fibres, and to introduce the rod into the ear, and lightly press against the foreign body. After half to one minute the now adherent bead may be withdrawn. The meatus is protected from injury by a funnel of stiff paper.

How to Take Pills.—The following humorous instructions for taking "Schweizer" pills were printed, not long ago, in the Familienfreund of Bern: In any drug store, it is immaterial where, buy five boxes of these excellent and incomparable pills. Every morning before breakfast take three pills and throw them over the shoulder into the garbage box; live moderate, take plenty of exercise in the fresh air and a bath once a week. It is astonishing from how much discomfort and disease anybody will be preserved in this manner, and such will willingly send basketfuls of testimonial letters to this benefactor of mankind. Since however a box of these pills costs 1.25 francs, poor folks may also leave it at the dealer and buy for the money Graham or oatmeal bread and apples or prunes, which will render the same services, besides being more pleasant to take.

Adulteration in the City of London.—Dr. Sedgwick Saunders, the public analyst for the City, in his report to the Commissioners of Sewers on the articles analysed last year, states that 169 analyses were made of food and drink. No improvement had been shown in the action of the public respecting the advantages to be obtained by their taking the initiative in submitting samples for analysis, and, as heretofore, the Act would have remained a dead letter in the City if he had not continued to employ the inspectors to collect samples for analysis. That peculiarity had not been confined to the City, for of 27,465 samples analysed during the year by public analysts throughout the kingdom, all but 107 samples were obtained by officers of local authorities. Even since the passing of the first Act in 1875 there had been a steady diminution in the percentage of articles examined and found adulterated by public analysts.

A "Canadian Chemist," undeterred by the McKinley bill, has located in Chicago (*North Am. Pract.*), and desires to promulgate a new system of medicine by free consultations and otherwise. The pathology and etiology of this system are simple:

"There can be but two chemical causes for disease—acids and alkalies; but were one person is affected by an alkali there are millions that die from acidity. * * One man has rheumatism, another erysipelas, another typhoid fever. They are all inflammatory, and why should not the same treatment do for all? Why should not the same remedy cure inflammation of the right thumb as well as inflammation of the left? When the inflammation, which is the presence of acid, has been neutralized by alkali, the blood vessels are stimulated and nature will effect a cure, etc."

The most striking instance of the benefits derived from this treatment is the case of a boy four years old who lost all his hair from an affection of the scalp, and in three weeks' time had "hair nearly all over the head." So there is hope for bald-headed men still. For further particulars see small bills.

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Dr. Joseph Hoffmann, the former director of the Allgemeines Krankenhaus of Vienna, died in his 69th year.

Dr. Heinrich Rosenthal, the publisher of Allgemeinen Aerztlichen Centralzeitung, died recently at the age of 58. He was a prominent and popular member of the profession.

Dr. Posert, professor of physiology in the St. Louis College of Physicians and Surgeons, has resigned that chair as he is opposed to the actions of his colleagues in certain matters.

Dr. H. Rosenthal, editor of a widely-read medical journal, the *Allgemeine medizenische Central-Zeitung*, has fallen a victim to influenza, after only a few days' illness, at the age of 58.

Typhus Fever has made its appearance it St. Louis having been brought by Russian immigrants who came from Odessa. All the patients affected with the disease have been sent to the pest-house.

The Doctor's Day is quite an institution in Leipzig. On June 27 and 28 next the twentieth annual observance of this day will be held. A number of questions of interest to the profession will be considered.

A Psychiatro-Criminal Museum is to be established in Turin. As is well known Dr. Cesare Lombroso holds the chair of forensic medicine and psychiatry in this city and he will most probably be the director of this museum.

According to a Decree of the French Minister of Commerce, pewter measures for fluids are to be replaced by nickel measures; three months hence measures verified for the first time must not contain more than 10% of lead or of other metals used as an alloy in pewter.

At a Meeting of the Committee on Medical Charities, appointed by the British Medical Association to inquire into the subject of hospital abuses and how to remedy them, Dr. G. Henty, Dr. Hugh Woods and Mr. George Brown were delegated to ascertain what methods are adopted at the various London hospitals to prevent imposition.

Methylblue, when taken internally, is found in the urine in a short time coloring that fluid greenish. After a certain time it may be found floating on the surface and of its natural hue. It has been ingeniously suggested that by adding this to remedies it can be readily determined whether patients take their medicine or not. A dose sufficient to show itself in the urine is about one-third of a grain.

The German Medical Society, of Prague, elected Prof. von Jaksch, president, and Dr. Kub, vice-president.

Suicide of a French Medical Student.—An unhappy French medical student who arrived at an hotel in Pimlico (London) one evening last week without any luggage, was found dead in his bed on the following morning, and a post-mortem examination showed that he had taken a fatal dose of Prussic acid. The only clue to his name were the initials "P. M." on his socks.

"A Country Doctor," says the *Hospital Gazette*, complains that a neighboring surgeon carries on his opposition to him so far as to go into his patients' houses and endeavor to get them to employ him. He is also in the habit of stopping women in the streets or roads who have the appearance of being *enceinte*, and asking them if they have engaged a doctor; if not, he will be pleased to attend them cheaper than any other doctor.

Size and Color of Human Hair.—Measurements have shown that the size of human hair depends much on its color, and that they vary from the two hundred and fiftieth to the six hundredth part of an inch. Blond hair is the finest and the red is the coarsest. A patient German savant who counted four heads of hair of different colors, but of equal weight, reports as follows: Number of hairs to the blond head, 140,000; on the black, 103,000, brown, 100,000; red, about 90.000.

Investigating Keeley's Cure.—The New York State Assembly is determined to know more of the method. In the Senate recently a resolution was introduced reciting that many physicians condemn the treatment of dipsomaniacs at the Keeley Institute at White Plains as likely to be detrimental to the health of the patients and empowering the Senate to investigate the treatment and take whatever action is necessary. The resolution also alleges that several cases of insanity and one death have resulted from the bichloride of gold treatment at White Plains. The resolution was referred to the Committee on Public health.

Recently the examining board of the Louisville College of Pharmacy (*Pharm. Era*) met to prepare questions for the morrow's examination. Two students gained access to the floor below, bored holes through the floors and carpets of the committee rooms, attached tin pipes and rubber tubes to form an improvised telephone, and then with pad and pencil transcribed the questions as the committee prepared them. The committee, however, discovered the scheme, prepared another set, and in consequence these conscienceless students, with a few of their friends failed to pass. If the tale be true, and the offenders be known, they should be ignominiously expelled.

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Lazarettos have been recently established in the Turkish cities of Toumourtalik and Sinoun.

Dr. Baker, of Bristol, Tenn., is on trial for wife poisoning. Some damaging testimony is alleged to hav been made by Mrs. Gilmore who is charged with beinge his paramour and an accessory to the crime.

Influenza has been very severe in Constantinople, the mortality being very high. It has also been of an intense severity in Persia and Egypt. In Greece, on the other hand, while it is epidenic it possesses a benign character.

The French Hospital, at Constantinople is to be endowed with the sum of 100,000 francs, which has been derived from horse races; and it is hoped that this sum of money will improve the general utility of that institution.

Longitudinal Fracture of the Patella is a rather unusual form of fracture. Dr. A. H. Fraser reports a case, in the *Medical News*, in which bony union took place in three months despite the fact that the knee-joint had been opened by the pistol ball which fractured the bone.

Dr. C. T. Breedlove committed suicide in St. Louis, Feb. 23, on account of his infatuation for a man. He was the son of a physician of Fort Smith, Ark., and the newspapers declare that the cause of his infatuation was what Krafft-Ebing has denominated "contraere sexual-empfindung."

Leprosy in the Transvaal.—A Reuter's telegram states that the Transvaal Government have had their attention directed to a number of lepers in Kaffir kraals to the north-east of Pretoria, and a report has come from Maritzburg that no fewer than fifty kraals of Ixapo—a division of Natal—were infected with the disease.

Died for his Fellow-Man.—The African Steamship Company have received an intimation that during the recent voyage of their steamer Angola from Liverpool to the West Coast of Africa, Dr. Jackson—the surgeon of the ship, who was 28 years of age and a graduate of Dublin University, and was a son of Sir Robert Jackson, of Dublin—was drowned in the Bay of Biscay. It is stated that he met his death while endeavoring to alleviate the suffering of an injured fireman. The weather was terrible, and everybody aboard the steamer had been cautioned against the danger of going aft. A fireman sustained an injury and was carried to the saloon, where the surgeon attended him, Requiring medicine for the sufferer, Dr. Jackson, in spite of warning of the risk he ran, attempted to reach his own quarters aft to procure it. He was never seen again, and was undoubtedly washed overboard and drowned.

Small-Pox has been prevailing in Angora, but is said to be yielding to the measures of isolation which were adopted.

Medical Items do not seem to be coming to us to any alarming degree from our readers. While we are always ready to supply items, we would like to hear from the different sections which the REVIEW reaches in order to be enabled to give a greater diversity of news of interest.

The List of the Fellows, Members, Extra Licentiates, and Licentiates of the Royal College of Physicians of London for 1892 has just been issued. It contains over 4,000 names; about 3,300 Licentiates, about 500 Members, and 295 Fellows. Yet "the college" is the 295; the remaining 3,800 are mere supernumeraries, not possessing any part or voice in the management of its affairs.

Small-Pox in Morocco.—Accounts from Mogador give grievous details of the extensive spread of small pox in Morocco. Mellah appears to be the nucleus of the infection, and is described as being in a horrible condition of filth, whilest a large part of its inhabitants, chiefly on account of the ravages of the epidemic, are stated to be in great distress from the want of food and medical necessaries.

Medical Education for Women in Russia.—The Municipal Council of St. Petersburg has voted a yearly subvention of 15,000 roubles (£1,500) to be applied in developing the existing provision for the medical education of women in the Russian capital. The late Professor S. P. Bodkin, bequeathed 20,000 roubles and Mr. I. M. Sibiriakow has just given a sum of 50,000 for the same purpose.

The Sheffield Correspondent of the *British Medical Journal* recently drew attention to a practice at certain fever hospitals which allowed the nurses to take the materials for their uniforms to their rooms and and then to give them out as they pleased for making up. Steps have speedily been taken to prevent such an opportunity for the carrying of infection, and it has been decided that for the future the nurses' and servant's dresses shall be made up at the respective hospitals, under the direction of the matron.

Dr. W. C. Hatler, a Missouri physician, now confined in the penitentiary for manslaughter is exciting a great deal of sympathy, and strenuous efforts are being made in Washington, D. C., to induce the President to pardon him. It appears that in 1870 he killed William Sloan, everybody looking upon the act as justifiable homicide. It was not until 1891, when he removed to Arkansas, that action was taken by the authorities of that State and he was sentenced for three years, and to a fine of $500. It is probable that the desired pardon will be obtained.

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Yellow Fever seems to be prevailing in Brazil to quite an extent, if we are to judge by the fact that nearly all the ships coming from Santos and Rio Janeiro have cases aboard.

Scandal in Cincinnati.—A warrant was sworn out Feb. 24 last for the arrest of Dr. T. C. Bradford, one of the most prominent physicians of Cincinnati, who is charged with performing a criminal operation on Minnie Miller, 22 years old.

The Voracity displayed for medical literature by certain members of the profession seems to be unappeasable. On the other hand, a great many of these omnivorous readers seem to profit very little if any from this indiscriminate reading. This, however, does not militate against a large quantity and variety as so many tastes require to be satisfied.

Pasteur Institute Cheated.—Dr. Paul Gibier, of the New York Pasteur Institute said that he contemplated closing the institute, because instead of receiving encouragement, he had been cheated out of the money he had honestly earned. The city councils of several Western cities had guaranteed payment for the treatment of patients, but have never honored his bills. Pasteur institutes, Dr. Gibier said, received State aid in other countries, but he had been compelled to use his private income to meet expenses.

A Fraud.—We have recently received a letter from Dr. S. Guttmann, the editor of the *Deutsche Medizinische Wochenschrift*, of Berlin, who states that he would be pleased to have the profession and public informed of the fact that a certain Dr. Karl Virchow Schlik, who has been recently operating in Cincinnati, is a fraud. The writer states that no such physician has ever been registered in Germany and that this individual is endeavoring to deceive the public through the name of "Virchow" which he is using. As to the remarkable discoveries and the receipt which is used by 806 physicians in Europe, no one seems to have been able to ferret out the one or the other. It is said that Virchow has been much disturbed by this unauthorized use of his name.

Weekly Medical Review Pocket Reference Book and Visiting List. Perpetual. J. H. Chambers & Co., Publishers, St. Louis, Mo. 75 cents, postpaid.

The contents include calendars, prediction of date of confinement, artificial respiration, care of galvanic batteries, disinfectants, clinical and chemical examination of urine, poisons and antidotes, table of doses, comparison of thermometric scales, the metric system, diet table for diabetes, diagnostic table of eruptive fevers, and 136 classified blank pages. The low price and completeness of this pocket reference book make it a desirable possession to the practitioner.—*Denver Medical Times.*

Dr. Ed. Gordon, formerly of Toronto, now surgeon on one of the C. P. R. steamers, received a fracture of the leg while playing football in Vancouver last month.

Dr. W. C. Towns, one of Chattanooga's best-known physicians, was horsewhipped on Market street Feb. 24 by Mrs. John Volstaat, a painter's wife. The woman stepped up to the Doctor and exclaiming: "You have murdered my child, now I shall kill you," struck the Doctor several blows with a whip which she had drawn from beneath her shawl. The Doctor seized her hands, but at that moment her husband sprang at him with a stick. Towns knocked Volstaat down and then the crowd rushed in and separated the parties. The cause of the affair was the mother's grief caused by the loss of an infant child, whose death Mrs. Volstaat attributed to Dr. Towns' alleged improper treatment.

Rough on Rats.—Says a cotemporary: For downright impudent, flagrant plagiarism, an article in a "hahnemaniac" publication of this city yclept *The Medical Era*, deserves first rank. It is in the January issue and purports to be by a physician of Cleveland, Ohio, on Sexual Hygiene; when, in fact, it is cribbed almost verbatim from a lecture by Prof. Theophilus Parvin, delivered at Jefferson Medical College and printed in the *College and Clinical Record* of January, 1884. The job is done in such a bungling manner that Sapphism is printed Tapphism; Lesbian, Lesbin, etc. So it seems our little pill brethren, while disdaining to use our remedies, are not above filching our thoughts.

Ointment for Acute Exanthemata.—Dr. Klein states that one of the best applications to make to the skin to allay the itching and burning, observed in the acute exanthemata, consists of the following:

℞	Lanolini,	ʒv.
	Vaselini,	ʒij.
	Aquæ,	ʒijss.

M.

Sig. Use every three hours.

This acts by cooling the skin and reducing the capillary hyperemia. It imparts a grateful sensation, is rapidly absorbed and produces no disagreeable sensations. An advantage which it possesses is that it may be employed in any stage of the disease.

"The Helping Hand."—Dr. Cook's specific for tobacco or alcohol habit is composed as follows, according to one of our subscribers:

℞	Silver oxide,	gr.j.
	Pulv. pulsatilla,	℈iv.
	Pulv. Drimys Winteri,	
	Pulv. Genista Tinctoria,	aa ʒvj.
	Citrat. caffein,	℈ij.
	Pulv. rad. valerian,	ʒjss.
	Ptelea trifoliata,	℈j.

M. Divide into 40 lozenges.

Sig.: One lozenge daily.

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A Space-Writer's Fake.—One of the leading papers of Gotham was neatly taken in by a space-writer the other day. It published a story giving a circumstantial account of a remarkable surgical operation alleged to have been performed by Dr. Robert F. Weir in the amphitheatre of the New York Hospital while he was surrounded by a score of more of his medical brethren, whose names were given. A graphic and well-written account of the removal of a tumor from the brain of a Pole was given. As a piece of descriptive phrase-making the article was certainly a success. It turns out, though, that instead of the operation being performed the day before the publication, it was performed four years ago. The writer had simply worked the files of a good special story.

Fourteen Ways to Help a Doctor.—The following sensible advice appears in *Good Housekeeping:*

1. When it is necessary to send for medical service do so, if possible, before the physician goes out for his morning round of visits. Do not delay until he has come in tired, having possibly been in the very street in which you live.

2. If possible, send a note stating which member of the family is ill, briefly detailing the symptoms, and giving the doctor an idea with regard to the case.

3. If unable for any cause to send a note, at least try to send some intelligent messenger who can write out call in full on the doctor's slate.

4. In case of poisoning be sure to send word, if known, what poison has been taken, as the doctor may then be able to bring with him an antidote in time to save life.

5. When the doctor comes let some one who is familiar with the case give him the details with regard to it; too many informants create confusion.

6. Do not discuss the case before the patient.

7. Have a pencil and slip of paper, and write down at once the instructions received.

8. Try to be exactly accurate in statements.

9. Do not have children or dogs in the sickroom during the doctor's visit, as the children or dogs will divert his attention.

10. Carry out faithfully and exactly the orders given by the medical man.

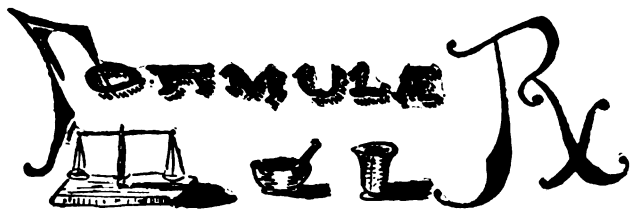
11. "Trust me not at all or all in all," should be the doctor's motto.

12. When consulting a medical man in his house, do so during his office hours. Do not go just at the time he takes his meals.

13. Finish the professional interview with him in his consulting room, and do not continue detailing symptoms in the hall when being shown out.

14. Bear in mind the comfort of the doctor, and when the conditions suggest, do not forget to give him a cup of cold water, or of hot coffee, or a plate of soup, as the case may be.

You will give him renewed inspiration for his work.



Chronic Eczema with Infiltration.—The following is recommended by Unna:

℞ Lamolini, - - - - - - 20.
Calcii chlorid liq., - - - 40.
Olei cadini, - - - - - - 10.
Ung. zinci oxidi, - - - - 30.
M. Ft. ung.

Pill Antecibum.—This is a pill of the French Codex prepared as follows:

℞ Pulv. aloes (Cape), - - - ℥ijss.
Ext. cort. cinchonæ, - - gr.lxxv.
Pulv. canellæ, - - - - ℥ss.
Syr. absinth., - - - - gr.xlv.
M. Ft. pil. No. 100.

Chilblains.—Morrow prescribes:

℞ Carbolic acid,
Tannic acid, - - - - - aa 1.
Tincture of iodine, - - - 2.
Vaseline (albolene), - - - 30.
M.
Sig.: Apply to the affected parts three or four times a day.

Expectorant Mixture of Bellevue Hospital:

℞ Ammoniæ carb., - - - gr.xxxij.
Ext. senegæ fluid,
Ext. scillæ fluid, - - - aa ℥j.
Tinct. opii camph., - - - ℥vj.
Aquæ, - - - - - - ℥iv.
Syrup tolu, - - q. s., ad. ℥iv.
M.
Sig.: Dose a teaspoonful.

For Irritable Heart.—Dr. J. Hobart Egbert states that a young girl whose irritable heart did not improve under digitalis and belladonna (*Notes on New Remedies*) improved rapidly under the following:

℞ Chloralamid, - - - - - ℥iv.
Tinct. belladonnæ, - - - ℥ij.
Elixir simplic., - - - q. s. ad ℥iv.
M.
Sig.: Teaspoonful three times daily, between meals and at bed time. And

℞ Ferri et quiniæ citrat., - - ℥iv.
Tinct. nucis vomic., - - - ℥iij.
Syr. simplic., - - - q. s. ad ℥vj.
M.
Sig.: Teaspoonful after meals.

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Bessie described a man as "bounded on the north by his poll, on the south by his sole, and east and west by his funny bones."

Yabsley.—Wonder what is their idea in making this Schweitzer cheese so full of holes? Mudge.—Guess they thought it needed a little fresh air.

Primus.—"Young Dr. Neale tells me that in his specialty he has never made a mistake in diagnosis."

Secundus.—"What's his specialty—autopsies?"

The Nebulous Future.—Perdita: Papa says I shall marry the man I wish to.

Mary (who has had experience): What will he do?—hypnotize the man?

Stranger (to glass-eater in dime museum).—Say, Mister, where did you get on the glass-eating fake?

Glass-eater.—When I was a kid they experimented with the different infant foods on me; I, fortunately, survived, and my stomach will now stand anything.

Bright Prospects.—Patient: "Doctor, how am I coming on? Is there any hope?"

Doctor: "You are sure to recover if statistics are worth anything. One person in ten recovers. You are the tenth case that I have treated, and the other nine are dead."

"Of Course it hurts, Joseph," said Mrs. Chugwater as she applied the liniment and rubbed it in vigorously. Rheumatism always hurts. You must grin and bear it."

"I'm willing to bear it, Samantha," groaned Mr. Chugwater, "bnt dairn me if I'm going to grin."

Terrible.—Bereaved wife (to nurse): Do you think my husband will live till to-morrow?

Nurse: I am afraid not, madam, and I would advise you to order a mourning dress at once.

Wife (wringing her hands): This is terrible. How would you have it trimmed?

A Wifely Insinuation.—"If you think you're going to have the grip, Maria," observed Mr. Billus, peevishly, "of course you'll have it. Any doctor will tell you that a constant dread of any disease is likely to make you catch it."

"Not always, John," replied Mrs. Billus. "You might live for sixty years in constant dread of brain disease; you'd never get it, John."

For You to Read.—If you desire to take a delightful trip for either health or pleasure, would advise you to go to Hot Springs, Ark., "the Carlsbad of America," located in the heart of the Ozark Mountains, surrounded by beautiful scenery, fine drives and walks, and the most healing waters in the world. Reached in solid trains of the finest equipment, via Iron Mountain Route. For descriptive and illustrated pamphlet, free, write Company's Agents or General Passenger Agent, Mo. Pac. R'y Co., St. Louis, Mo.

Thanks—We Pass.—The Santa Anna Newport Sunday Observance Railway Line has the hearfelt thanks of the *Standard* editor for a pass over their line for the next year, at all times, "Sunday excepted"; so the pass reads. Gentlemen of the management, accept our thanks. We appreciate your road and your company. We appreciate your management, your principles and politics. The last time we went over your road, when we were in a hurry one Sunday, we admired the excellent manner in which it was built. The ties were well laid, the rails solidly fastened, the culverts strong and the bridges substantial. We pronounced it absolutely safe—for a footman. Next summer, when we expect to travel over it again on Sunday without incurring the risk of being run over by trains, we hope to be able to extend to you the same high compliment that we do now. As an inspector of railway ties we are an undoubted success, and will be pleased in the future, as we have been in the past, to do justice to your Sunday observance line though we foot it over the track every Sabbath.

Care of the Injured.—A correspondent of the *Railway Age* states that the M. K. & T. Railroad have a few simple rules for the guidance of trainmen as to the manner in which the injured are to be cared for until such time as regular medical assistance can be procured. These rules were prepared by Dr. John W. Trader, he believes. The Denver and Rio Grande road has similar rules, prepared by Dr. Bancroft, and the Northern Pacific has rules substantially the same, prepared by Dr. Courtney. The trainmen are examined on these rules just as carefully—and have to be as familiar with them as with any other rule laid down by the company—for their guidance and government. He would respectfully call the attention of the Wabash surgeons to these rules, and ask them if the instructions given are not sufficient to cover any case liable to occur, and if the trainmen are familiar with them, would they not be able to apply means to relieve pain (and probably prevent permanent disability) until such time as a regular physician could be called? He is of the opinion that if they will consult with any of the above named surgeons they will find that their experience has proved that trainmen cannot only learn a few rules about treatment of the injured—but put them in practice also, when occasion demands.

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MEDICAL REVIEW.

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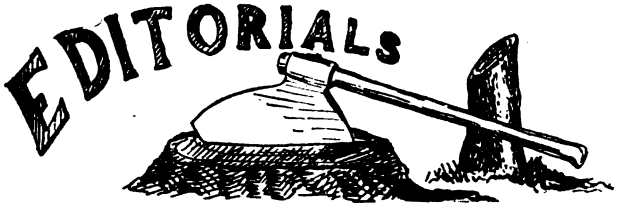

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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The American Medical Association.

The time is fast approaching when the meeting of this Association will take place in Detroit, and it is an opportune time to call attention to a few things in connection with it. We have been, time and again, reminded that it is the representative society of the profession of this country. We have had its large attendance pointed out to us upon every occasion. In fact all the changes have been rung until it has led us to inquire, in a sort of spirit of investigation, to see if things were exactly as represented to us. In the first place, is it a representative society? Does it represent the medical profession of the United States. We have not endeavored to arrive at a solution of this question by an investigation of its list of members, but rather by a scrutiny of those attending the annual meetings for several years past. This inquiry has resulted in disclosing the fact that the great bulk of attendance is derived from the West, Northwest, and from the districts bordering upon and included within the limits of the Mississippi Valley. The South also contributes its share and the Pacific coast is quite well represented. But, the East, where the Brahmins hold forth, is conspicuous by the paucity of its representatives. The far South is also not seen very fully represented so that, taken altogether, the American Medical Association membership does not seem to be so representative as the claims advanced for it would make it appear.

The character of the work done by the members is of the highest order, in a limited number of individuals, and rather *banal* in the majority. The sections are all badly organized and this is in part due to the defective organization of the Association in general. It cannot be denied that the manner of conducting business, the methods employed, and all the machinery seems to savor very much of the limited few who deem it their perogative to "run the machine." The friends of our friends and their friends are the ones who are to be considered and those not included in the charmed circle are mere lookers-on in Venice. It may be said that those who draw the plums are the ones who are full of energy, who are imbued with the proper amount of vim and snap, and who exert themselves in every possible manner to carry their point. The question which naturally suggests itself is as to whether the "representative" medical association of the country meets for the purpose of dividing offices, or is it for the purpose of doing everything to advance medicine in all its branches by earnest, scientific work such as will reflect credit upon American medicine and its representatives? Is it conducive to the welfare of medicine to devote so much time to the purely administrative portion and so little to the scientific?

The baneful effects of this course have been felt in the sections. The small space of time available has made it impossible to follow the programmes laid out and, in consequence of this, there has been a steady falling off in the attendance. On the other hand, the great interest taken in the working of schemes of various kinds in the affairs of the Association has also had an effect in diminishing the attendance in the sections. This has been followed by a certain lack of interest which was well exemplified when one section—that devoted to dermatology and syphilology—had no papers whatever presented for consideration.

So far as attendance is concerned, it is of no advantage to the Association, as a very respectable proportion of the members go to the meetings for a holiday. They

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are enabled to obtain reduced railway fares, they are well entertained, and all their time is spent in seeking pleasure. If we deduct this large contingent from the total number the actual working force becomes considerably reduced and is not much larger than that which is seen at other meetings of certain medical associations in which all the members seem to have the sole purpose in view of contributing their best work to the progress of medicine and surgery.

A fact which seems to have been lost sight of is that the Association is behind the times. While all the respect and deference due to the older members should be accorded to them, the younger members also have rights and are entitled to a hearing upon many matters of legislation. Despite this, there seems to exist a very strong conservative tendency which will not down. It is this reluctance to conform to modern requirements which has had an influence in reducing that interest and industry which are absolutely necessary to the success of any society. The persistent opposition evinced to every change, contemplated or proposed by the younger element, has had a most deterrent effect. In fact, it was this very spirit of narrowness and short-sightedness which led to the formation of the societies which go to form the Congress of American Physicians and Surgeons and which have done so much to cripple the efficiency and reduce the prestige of the American Medical Association. One of two changes will result if this method be persisted in. Either the attendance will drop to an exceedingly small number or there will be a revolt on the part of the younger men and a radical change inaugurated, and so perhaps lead to the opposite extreme and entail a real damage which was never contemplated, but which pent-up anger and indignation forced about.

Another subject to which we desire to call attention is the *Journal* of the Association. To our mind, it is not the publication which we would be led to expect as the organ of such a body. This publication, as the official organ, publishes all the papers read as is meet and just; but, there seems to be a woeful dearth of that quantity and variety of medical news that the members naturally expect to find in a live and wide-awake weekly. To what this is to be attributed we are unable to state. The editor is certainly a capable and conscientious as well as painstaking man and while fully supplied with original articles he has the same opportunities as others of increasing the amount of useful and interesting matter to be published. Funds are certainly not lacking, nor is the salary of the editor so small as to render him indifferent to his work. But, in spite of all these advantages, the *Journal* is not sought after. Outside of the members there are but few subscribers and the number of advertisers is exceedingly limited when we take into consideration the fact that it should by its very nature constitute an admirable advertising medium. The purely editorial work is good, but the editing is not of that nature which attracts readers.

We will not make any invidious comparisans with the *British Medical Journal*, as such would be certainly out of place; but, it is certainly not unjust to compare it with the weeklies published in Philadelphia and New York. It must be acknowledged that the Eastern publications are certainly superior and we simply ask, why should they be? We do not desire to suggest where we have not been asked for advice, but we are in search of information.

We have called attention to these few points, not out of a spirit of carping criticism, not because we wish to find fault, but because we do not like to see signs of weakness exhibited where everything should evidence strength. We do not desire to be too radical, but we equally deprecate ultra-conservative measuros. We are certainly in favor of energy and vim, but we are opposed to "practical" politics. We believe in giving the old men extra privileges, but we do not believe in crushing the young ones. We are in favor of timely legislation, but we are opposed to too much of it, especially when useful time is frittered away in a profitless manner. We do not think that too much money can be expended on the *Journal*, but we expect its readers to be given a publication containing much of use and interest. In fact, we expect the best of everything from an Association which boasts of being the best of its kind and when it fails in furnishing this it certainly invalidates its claim to the same extent as failure amounts to. Can such changes be inaugurated, as will lead to the state of affairs which is naturally expected? We think so; and, furthermore, we think it can be done without producing any radical changes or inducing any friction and the sooner it is done the greater will be the advantages accruing to the American Medical Association.

The Spread of Scarlatina is very often due to carelessness says the *Northwestern Lancet*. There is no doubt that the pesistence of scarlet fever is for the most part due to the indifference and to the criminal neglect of parents, nurses and physicians. Children are frequently allowed to go out and play while the process of desquamation is at his height, and it is not a rare thing to see a child reappear among its companions after two weeks or less confinement to the house with scarlet fever, the skin still coming away in shreds from the hands with which it seizes its companions. Selfish parents ask the physician only how long the child must be kept in the house on its own account, caring nothing for the risk it brings to other children by going out when it is fairly safe from complications itself, but may still carry contagion to others. Careless physicians give certificates permitting children to go to school as soon as all visible desquamation has ceased, neglecting altogether the safe rules in this respect that have been shown by experience to be the best guide. The father of a family attends to his business as usual, indifferent to how much he may expose others, while perhaps at home he is acting as nurse to a sick child and having every opportunity to become a carrier of contagion.

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The Legal Aspect of Crime is discussed in the *Journal of the Medical Association* which goes on to state that medically, the grave injustice of treating all criminals alike, irrespective of all possible brain states at the time of the commission of the crime, is very apparent. While it is far more rational to consider the nature and circumstances of the criminal and crime, in disposing of the case, it seems irrational to apply means of punishment and remedies that destroy and still further incapacitate the victim for normal living. The recognition of the physical causes of all criminality, and the application of remedies for their removal and correction, is along the line of all advanced science. Courts and judges are always bad teachers of psychological science, and the nature and motives of human conduct. While they often ignore medical science and sneer at medical testimony, they cling to superstitions and absurd theories, that are contradicted by observation and experience everywhere.

Reporting Infectious Diseases is certainly a necessity to prevent their spread, more especially in large cities. The Pittsburgh *Medical Review* says that the first duty of a medical man to the public is in the line of the prevention of disease, and every provision to that end should be promptly employed by him. There is, however, a clause in the Pennsylvania act that often makes its application very inconvenient to the people. That is the enforced absence from school of every child in whose family a case of infectious disease has developed, for thirty days after the death or the convalescence of the patient. The intention is, of course, good; but the period of time is needlessly long—thirty days or more absence from school on account, possibly, of a very mild attack, or, where isolation has been prompt and thorough, seems to be a useless hardship to the unlucky children, and, as a result, the physician may be tempted to suppress the report, unless the disease promises to be fatal, in order to save the family from this annoyance. If the act were amended to make the absence from school fifteen or twenty days, it would be more generally and cheerfully observed.

Kissing as a Source of Contagion has excited quite some attention. Dr. Charles H. Merz states (Columbus *Med. Jour.*) that upon the same grounds—that of infection—promiscuous and indiscriminate kissing is to be condemned. The prevalent habit of every one in kissing children is to be seriously deprecated, and it is not at all to be questioned that much disease is transmitted in that way. It would be well if every mother would heed this warning. The skin and mucous membrane of infants are exceedingly delicate, and very susceptible to poisons that may unconsciously be carried upon the lips of another. Judge Arnold, of Philadelphia, has decided that it is not necessary for one to kiss a much handled, and perhaps disease-germ bedecked, bible when taking oath in his court. He claims that it is a relic of idolatry that ought to be abolished; that it was established by the church to show humiliation of the people, before the first judges, who were clerics; and that the custom has been abolished in England. It is a relic of the age in which trial by fire took the place of trial by jury, when a man's innocence or guilt depended upon his physical capacity to endure pain and torture. But its worst feature is the dirt and disease which is imparted to the book by the constant handling it receives by dirty witnesses. When the Duke of Fife took his oath at Stratford, he caused the Testament to be enveloped in clean white paper. Medical works are replete with instances of infection from the mouth and lips. The man who sips from the cup preceding his brother communicant, may have a malignant sore throat, or be but just convalescent, or have some other infectious disease in its incipiency, that renders it unsafe for one one to press his lips where that one's have been.

Teaching Anatomy in America.—The facilities for the teaching of anatomy to advanced medical students are especially meagre in America (*Univ. Med. Mag.*). Comparative anatomy has been ignored to the present time by American medical colleges. The objections to the introduction of this advanced teaching in a medical course which have been raised come from three sources:

1. From the teachers in preparatory schools who believe that the study of animal structure and habit should be completed before the student matriculates.

2. From physicians, not interested in comparative anatomy, who believe that the subject is not of sufficient importance to take the time of the student who is preparing for the difficult practical art of healing, and who is already overworked.

3. From those who believe that the medical man is the worse for possessing the knowledge, and should under no conceivable circumstances be encouraged in getting it.

To the first objection it can be stated that an advanced course in such a branch, which would be of real scientific value, could not be taught until the student has had a preliminary medical education. The second objection could be met by either making the course post-graduate or by lengthening the regular session. The third objection is of course, ridiculous.

Medical Solidarity of the Race.—Philosophers and moralists, says the *Medical News*, have long been in the habit of emphasizing the great fact that the life of the world is a unit, and that all biologic facts and phenomena are mutually interdependent. The profundity and reality of the truth have been obscured by the vagueness of the generalization. Civilization has often given convincing examples of the fact, but there is none more striking than the conveyance of contagium along lines of travel. Before the development of the marvellous means of quick intercommunication, there was less danger of the transfer of disease-germs

than now, when localization of disease of any kind grows more and more difficult. That we have to become responsible for disease generated ten thousand miles from us, among people whose national names and languages sound most strange to our ears, is a fact that comes vividly before us as we consider the typhus fever pest brought to our homes by the poor Russian refugees. One steamer alone has sown ninety-six cases of typhus among our Eastern cities. The greatest energy and severest caution are demanded. The physiologic sins of these faraway folk are visited upon us. We at once become interested in the most lively way in the social and economic life of an oriental and semi-barbarous people. It becomes our duty and self-interest to see to it that the bad life *there* is made more healthy and normal, in order that the better life *here* be not morbidized.

It also cannot be held an unjustifiable extension of the thought that the application of the principle of the human race is not limited to aspects simply physiologic or pathologic. Pathology and pathogeny are preaching the preacher's text more powerfully than he could prophesy or foresee. The brutal edicts of Tsars and race-hatreds forcing famishing men to cast themselves by thousands upon our shores, bringing with them malignant disease to scatter broadcast amongst us, are also consequences flowing from other factors than physiologic ones. We become interested in lessening those governmental, aristocratic, and irreligious deviltries that make up much of what is ironically termed Russian civilization. Whether by huge portfolios of petitions, by magazine publications, or by the persistent effect of national diplomacy and influence, democratic America is vitally concerned in curing, civilizing, and democratizing sick, barbaric, and tyrannized Russia.

Regulating Practice is one of the problems of the day. Dr. T. W. Simmons states (Maryland *Med. Jour.*) that there are three forms or plans that have been suggested:

One by which the fitness of the candidate to practice medicine is solely determined by his college diplomas, which is to be passed upon by State supervisors, requiring that the person holding such diploma shall be the identical one named therein, and that it has been issued by a regularly chartered medical school, whether it be from an Eclectic, Homeopathic or regular school of medicine. To all such certificates shall be granted, giving the right of practice within the State.

Secondly, the power to be vested in a State board of examiners, to be appointed by the State, who are to examine all candidates without regard to college diploma as to their medical qualifications, and to all such as pass a satisfactory examination, issue a license to practice within the State.

Thirdly, a congress, to be composed of chosen representatives of the States, to have full power to determine upon all questions of examination, registration and qualification of medical applicants.

Each of these plans may possess advantages to some extent, but, as he said before, it is not so much what we know to be the best plan, but it is what form of law will the legislative body grant and the Governor approve. If a form of law is presented that will strongly defend the people against incompetent medical practitioners, and at the same time maintain the honor, dignity and welfare of the medical profession, as it should do, then will we hear the cry of class legislation raised against it. Indeed, he feels sometimes tempted to say, if the people will persist in naving quackery and incompetent medical doctors, why should the regular physicians bother? The people are the absolutely injured ones, and not the medical profession—but yet, when we reflect with patience, and in a spirit of justice, we are bound to admit that the only tribunal competent to handle the subject is the regular medical profession.

Treatment of Gonorrhea, according to the Kansas *Medical Catalogue*, is not to be sought by the physician as there is perhaps no single complaint which the surgeon is called upon to treat where he earns his money more surely and which is capable of causing him more annoyance than the one heading this article. It is especially the young surgeon who is more frequently called upon to treat this disease, and happy is he who at the onset prepares himself in every possible way to cope with this troublesome class of patient. In no disease is the observance of the rule in treatment of more importance and more often violated, namely: rest for the affected organ. You may give advice and insist until doomsday that the patient must keep quiet; that he ought to assume the recumbent position; that he ought to avoid the society of the opposite sex. You are almost certain it will not be done. You may continue; you may tell him that complications are sure to follow, and yet when an epididymitis does occur it will be taken with an ill grace if you tell him that his not following your advice is the direct cause. You may urge and insist that injections during the acute stage are of doubtful value if not harmful; but your patient will be almost certain to seek the next doctor unless you do use them. If you tell him that it will take from six to eight weeks to cure him you will find that you are not the doctor he wants, since he will be almost certain to know of one or have heard of a preparation which cured a friend in three days. All these things are annoying, but nevertheless are stern facts, and will have to be met by the young surgeons. A rule which we regard as avoiding a great deal of annoyance is to by all means secure your pay in advance; better not treat the case at all than not to do so. If the money is once paid the patient is more in control and not so apt to change doctors, besides obedience can be better secured.

Dispensary Abuses may be reduced, according to Dr. Walter B. Platt (Maryland *Med. Jour.*) in various ways. A good way would be to have a central bureau of medical relief, to whom the applicant should first go.

and who should treat an urgent case without delay, referring them to the general dispensary nearest their homes for further treatment. All others should be carefully examined as to their ability to pay a physician in their own neighborhood. With the recommendation of this central office the patient might be treated at any dispensary for thirty days, when another permit could be issued, and so on.

To go to the central office twelve times a year for a recommendation is surely an easy way to receive medical treatment if such treatment is necessary. If, however, the patient is able to pay even a small fee to a physician, the dispensary and public opinion, instead of preventing him by any device, should compel him to make such payment as the most honorable of obligations. To give a man what he can by honest labor pay for, is to take the first and a long step toward making that man a blatant communist or beggar, who wants every man with more than himself to divide with "his laziness and improvidence."

While most of the ills that dispensary patients complain of are due to minor ailments preventable or curable by a little care, fresh air, and properly prepared and eaten food, there still remains a goodly number of organic diseases, readily overlooked in the hasty way dispensary patients are often examined. Many are the cases of cardiac valvular diseases treated for malaria, while there are doubtless scores of patients upon every dispensary record with undoubted renal disease who are treated for the accompanying dyspepsia, bronchitis or diarrhea, but where no microscopic examination of the urine has been made.

Exalgin Poisoning.—Mr. G. V. Gilray writes to the *Brit. Med. Jour.*: I was recently called to a case of poisoning by exalgin which had been given for toothache, the dose prescribed being 17½ grains, as the practitioner had confused the dose of the drug with that of sulphonal. As soon as the patient swallowed the dose, dissolved in spirit and water, she was aware of something wrong, and had just time to warn her husband before she became convulsed and unconscious. On arriving just twelve minutes after the dose had been taken, he found the patient in a profuse perspiration, foaming at the mouth; seized at short intervals with convulsions; the pulse weak, rapid and intermittent, and the pupils dilated. It was only with difficulty that he could rouse her, and that only very imperfectly. He at once administered $^1/_{10}$ grain of muriate of apomorphine with $^1/_{100}$ grain of digitalin hypodermically, as nothing could be given by the mouth. Profuse vomiting was rapidly produced. In about half an hour the patient became slightly better; breathing better, pulse firmer, but trying to swallow produced a slight convulsion. In an hour and a half she was more easily aroused, the pupils less dilated, and by the administration of digitalis and ammonia and a mustard poultice over the heart the patient gradually rallied.

Plasters in Skin Diseases.—Hallopeau, at the last meeting of the Societe de Th apeutique, of Paris, summed up on this subject as fo ows (*Nat. Drug.*):

1. Lanolin, with a solution of gum-elastic in benzol, seems to be the best plaster constituent. It has the advantage of not becoming rancid. and also of conveying to the skin the normal principle enclosed in it.

2. It remains yet to be determined whether principles or medicines incorporated in such a mass are absorbed.

3. Diachylon plaster, when entirely fresh, presents a most excellent mass for plasters.

4. A good formula for emplastrum zinci oxidi has not yet been found.

5. Soap and diachylon plaster render good service in eczema.

6. Emplastrum plumbi simplex may serve as a basis when the substances to be incorporated are of an oily character, or are soluble in such medium.

7. Plasters are to be preferred to salves in all localized dermatoses on hairless portions of the body.

8. Plasters are incomparably the best in cases of infectious dermatoses that do not spread rapidly.

9. The plaster furnishes the best means when the problem of obtaining a profound or fundamental action in the specific elements of the skin presents itself as, for instance, in syphilodermata.

Care of the Parturient Woman.—Dr. D. R. Silver expresses some very radical views in the *Miss. Med. Mo.* He states that there is need of reform in obstetric practice. Its scope and limits have been before indicated. The time has fully come when there should be an advance all along the line, to the end that the price of motherhood may be less than possible death or chronic invalidism. To accomplish this end it is not alone sufficient to give better training to the young men just entering the profession, that they may skilfully use the forceps, deliver a retained placenta, control a hemorrhage, or restore a lacerated perineum; but it is necessary for all of us to recognize the fact that no amount of skill can avoid or prevent accidents whose consequences can only be seen long after the patient has passed out of our care, as is now the fashion on the third day after confinement. Every gynecologist knows the large part played by displacement of the uterus in the complaints of sick women. He knows too well, also, the great difficulty experienced in restoration, and that the changes wrought by gestation afford the best hope for cure. But confinement will accomplish nothing unless the organ is held in place by me-

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chanical support, if necessary, until involution is accomplished and all the pelvic viscera have assumed their normal relations and positions. Impregnation of the displaced and disused uterus does not often occur, and we can number these as causes of one-child sterility which is now so frequently observed. He would then plead that our care of the partutient woman should commence with the beginning of pregnancy, and only cease when we are satisfied by careful investigation that every organ concerned in the reproductive act is in its normal healthful condition.

Advantages of Intubation.—Dr. Geo. R. M'Donagh gives the following (*Canad. Pract.*) as among the advantages which intubation seems to possess over tracheotomy: Intubation is much better suited to practice among the poorer people, because the after-treatment is not nearly so important. The child breathing through the tracheotomy canula must be surrounded by an atmosphere carefully regulated as to heat and moisture, and must be attended constantly by a skilled nurse. The after-treatment is, of course, important in intubation, but not nearly so much so as in tracheotomy, and poor parents, living in small houses, are quite unable to supply what is needful in that way. Then, intubation is done without an anesthetic, and even skilled assistants are not necessary, so that practically no preparation is required. It is done almost in a moment, and there is no injury caused to the soft part, no blood or shock, little or no pain. Then there no wound to become septicemic, or to slowly granulate afterward. Inasmuch as the air enters the lungs after intubation by the natural passages, moist and warm, therefore, no change need be made in the surroundings from those best suited when there is no larygeal obstruction, and the tube does not become plugged with mucus and require frequent cleaning. There is probably less irritation from an intubation tube than from a tracheotomy canula, and the larynx recovers much more rapidly afterward. Then there is never the same difficulty in obtaining the consent of the parents, which is often impossible for tracheotomy. And lastly, and of greatest importance, the results after intubation are undoubtedly better.

Myopia, the Result of Constitutional Disease.—R. D. Batten, who had previously recorded his opinion that hypermetropia and myopia are often associated with certain peculiarities in the cardio-vascular system, calls attention (*Oph. Rev.*, January, 1892) to the frequent association of myopia with vascular disease. To what extent the two conditions are dependent one upon the other is as yet undetermined. Is there one disease affecting both the vascular and the ocular structures and leading to changes in both, or does the vascular disease so affect the nutrition and tension of the eye as to cause its dilatation? Batten holds that in the study of myopia attention has been directed almost entirely to its secondary causes, and thinks that the primary cause is to be found in a general condition affecting mainly the cardio-vascular system and the eyes. He cites as evidence of the vascular disturbance associated with myopia the frequent occurrence of (1) spontaneous hemorrhage, epistaxis, menorrhagia, retinal hemorrhages; (2) capillary congestion; (3) cardio-vascular disease, high arterial tension, cardiac hypertrophy, valvular disease. In myopes the pulse is large and full; the arterial walls feel thin; the tension is full, often distinctly high; the pulse is recurrent at the wrist and in other arteries, as the temporal. Its rate is rather slow. The heart shows signs of enlargement, and is probably both dilated and hypertrophied in variable degrees. Well-marked valvular disease is not infrequent. Myopia is thus generally evidence of past or present cardio-vascular abnormality; it may be the only remaining sign of a condition from which the patient has recovered, the eyeball having been left permanently deformed. Certain diseases are specially liable to cause the onset or progress of myopia; these, although not usually classified together, have certain points in common; they all seriously affect the general nutrition, and usually the vascular system; such are rheumatism (acute and chronic), syphilis, alcoholism, typhoid fever, etc. Phthisis and pregnancy also appear to be occasional causes. The influence of the secondary causes (stooping over books at school, etc.), is fully recognized, but the author holds that they alone, without this constitutional disease, are not of as great import as has commonly been supposed.

A Case of Diabetic Coma.—Dr. M. Shaffer, reports a case in the *Med. and Surg. Rep.* which from its rarity, its unknown cause and its speedy termination, is given the profession to profit withal.

Willie B——, white, aged 14 years; tall, slender, erect; history of constitutional or hereditary taint, negative; all moral and material surroundings of best character. It was the school vacation; he was a close student and had made some progress in Latin grammar. Had never been ill. December 27, 1891, parents noticed that he drank three or four glasses of water at dinner; that he passed a half chamberful of water during the night; drank water at night and mentioned thirst during day. Symptoms continued, were remarked upon, but thought to be mutually cause and effect. Was skating January 4, 1891, and engaging heartily in the winter sports of the holidays. On the 5th, exhibited dyspeptic symptoms which were promptly met; tendency to constipation. Other symptoms were of the nervous character accompanying la grippe epidemic here, and a member of the family suffering with it. The excessive micturition and thirst continue. 8th, labored respiration, mostly thoracic; decidedhebetude. 9th, at turn of night, moribund; stimulants and external applications, rallied; temperature from 96° to 98.5°. Enough consciousness six hours before death to attempt to protrude tongue. Cried out several times, and being spoken to, said: "It hurts." Died comatose at 10½ A.M. of January

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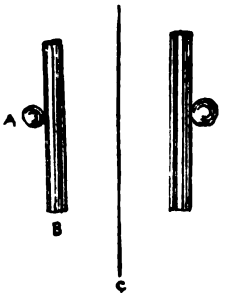
9th, or about ninety-six hours after treatment begun. Urine passed evening of 8th gave this analysis: Color, limpid; reaction, acid; specific gravity, 1.032; loaded with sugaa, one-quarter part by Prof. Haine's test and by improved bismuth test.

On the occurrence of a similar case with the two symptoms—excessive thirst and large urinary discharge—it might be well to produce stasis by opium, just short of narcotism, to stop the exhaustive process and gain time to establish nutritive action by alcohol and concentrated food by the mouth and by enema.

A New Suture.—The following is described by Dr. Alexander Fulton (*Medical News*): Round pieces of amber, about one-sixth of an inch in diameter, of various lengths, are used, perforated as required. Lead, glass, or any material that can be kept thoroughly aseptic may be used. Fine wire (silver preferred), after immersion in carbolized water, is ran through the lips of the wound about half an inch from the edge when deep suture is desired, and one-third of an inch when more superficial suture is wanted. It is then put through the bar (b) and clamped with a perforated shot (a). The line (c) represents the approximated lips



of the wound. The lips of the wound are thus by traction brought in perfect apposition. This method is especially adapted for wounds of the forehead, where there is so much tension. It always gives a neat result.

Determination of Sex of Fetus.—This problem is always of interest and we read that Dr. J. Roberts Bryan states (*Annals of Gyn. and Ped.*) that there was published recently an article by Dr. Wilson, of England, as to the determination of the sex of the fetus, based on a theory concerning the nutrition of the ovum, to the effect that when the ovum is first extruded from the ovary it is much stronger, and its nutritional power is greater than after it has been several days on its way down through tubes, uterus, etc., to be cast away if not fertilized; and if fertilized, while strong, the resulting fetus will be male; if later, when the ovum has become weakened, female. On the further supposition that ovulation, although not dependent upon menstruation, is apt to occur at that time, hence, if impregnation occur before menstruation, the result will be a male child; if afterward, female. Dr. Wilson did not give out his theory with a positive conviction as to its truth, but merely suggested it, and asked that physicians should, as far as possible, cite cases either in favor of or against it. In support of his theory Dr. Bryan reports four cases which he observed and which apparently confirm it.

Coagulation of the Blood.—The experiments of Dr. Ernest Freund of Vienna on the conditions which prevent the coagulation of the blood have been from time to time reported in the pages of the *Lancet*. He has found that the non-coagulation of the blood in the living bloodvessels is due to the physical action of the walls of the vessel, and he has been able to preserve shed blood from coagulating for many hours or even days by contact with oily liquids and fatty matters, such as vaseline or oil. The blood could also be kept liquid in animal membranes or parchment paper tubes soaked in physiological solutions of common salt (½ per mil.). From these experiments he has come to the conclusion that the physical condition for coagulating the blood is adhesion.

Treatment of Hemorrhoids.—Mr. J. Brindley James states (*Brit. Med. Jour.*) that for some years he has been in the habit of treating hemorrhoids by the simple process of applying calomel to them with the finger alone, and without a single exception he has done so with marked success, especially when inflammatory action was obvious in the hemorrhoidal mass, characterised by mucous discharge and hemorrhage, accompanied by most painful sensation of weight in the rectal region. All these symptoms under this simple influence were speedily relieved, with the still more important subsequent advantage of the patient's restoration to ease. A short time since a patient came to him suffering so acutely that he could neither sit nor walk freely, each movement of the body entailing exquisite pain. He has now seen him thoroughly enabled to pursue his usual occupations in happy immunity from these distressing symptoms.

Treatment of Eczema.—The *Gyogaszat* publishes an account of Dr. Berthold Loewengard's new treatment of eczema. He had under his care a child six months old suffering from severe seborrhea, which had resisted all the ordinary methods of treatment. Upon having recourse, however, to a 2 per cent. solution of creoline, in three weeks time the disease had entirely disappeared, not a symptom remaining. He has made use of a solution of creoline with equally favorable results in papular and pustular eczema and in eczema of the genital organs. One of the latter cases was complicated with anal fissure, but this healed in four days after treatment with creoline and strict attention to cleanliness. Dr. Loewengard was occasionlly obliged to substitute other remedies for the creoline in the course of treatment, but he succeeded in all cases in relieving the painful symptoms of the acute stage.

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Prophylactic Influence of Tobacco.—Dr. V. Tassinari, of the Institute of Experimental Hygiene attached to the University of Rome, has been attempting to demonstrate the prophylactic advantages of tobacco smoking (*Lancet*). He recalls the fact that in the eighteenth century, and even in the seventeenth, a certain number of medical men—Willis, Dimerbrock, and others—advised their friends to smoke in times of epidemic. At Strassburg, in 1842, Ruef called attention to the fact that the workers at the tobacco manufactory were exempt from almost all the prevailing epidemics. Pecholier, in the *Revue d'Hygiene* (1888, p. 523), proclaimed the same opinion, and Dr. Walter Cock of Texas was rash enough to recommend, in 1889, the use of tobacco as a preservative against phthisis. An American dentist—Dr. Miller of New York—made experiments in 1884 with the smoke of tobacco on the micro-germs of dental caries, and declared that the results were satisfactory and conclusive. Dr. Vassili of Naples employed in 1888 a small balloon, which he lined internally with a layer of gelatine containing cholera bacilli. He found that by drawing through this balloon the smoke of from one to four cigars—the number of cigars required depending on their strength in nicotine—the gelatine was completely sterilised. Dr. V. Tassinari has now reported these various experiments, and, maintains that the smoke of tobacco either entirely destroys or in any case retards, the development of the bacillus of cholera, of anthrax, and of pneumonia.

An Unusual Case of Twins.—Mr. George John O'Reilly reports the following case to the *Lancet*:

I attended Mrs. K—— on the 8th ult. in her fourth confinement. There was nothing unusual to note in the history of this pregnacy, except that she complained of not having felt the movements of the child for some ten days before delivery. During the labor I felt satisfied that I noticed the movements of the fetus during examination. When delivery was affected an eight months embryo presented stself in a macerated condition, the cuticle peeling off in several places. When I grasped the uterus to express the placenta I noticed that organ was larger than usual after delivery, and that the surface was lumpy and uneven. I examined per vagi nam, but could not detect anything abnormal. I gave a dose of ergot and waited results. Labor pains soon set in, and became stronger every minute, and on again examining I found the head of a second fetus present ing. After a short time a living child was expelled, and as it was very feeble I had it wrapped in cotton wool, and kept near the fire. The placenta came away within a short time. There was little or no hemorrhage. The case terminated normally. The mother made a good recovery and was up on the eleventh day. I hardly expected the child to live, and did not weigh it at birth. However, the infant has lived, and takes its nourishment well, and seems to thrive. On the twenty-first day it weighed with cotton wool and shawl 3 lb. 1 oz. A week afterwards it weighed 3 lb. 5 oz. There was only one placenta; the cords of both were attached within a short distance of each other; two-thirds of the placenta were of a livid red color and of firm consistence, and to this portion the firstborn was attached. The cord was three times as thick as that of the living child, the other one-third portion of placenta was healthy. There was a distinct line of demarcation between the two portions. The stillborn child was unfortunately not weighed, but I should say it was from 4 to 5lb.

Chronic Bronchitis.—The following is stated in the course of an article (*Am. Pract. and News*) by Dr. John B. Cassell:

The prognosis is always doubtful so far as recovery is concerned. In infants and old persons there is a tendency to terminate fatally. When death occurs in the aged it is caused by a superinvention of lobular pneumonia as a complication. It is estimated that one out of every five dies of this disease. Any pulmonary affection associated with chronic bronchitis renders the prognosis uncertain on account of liability of bronchial obstruction from accumulation of the secretion in the bronchial tubes. When it attacks persons beyond the meridian of life they rarely recover. As regards the duration of life, it is good. Chronic bronchitis is very apt to lead to the development of fibrous phthisis, emphysema, dilatation of the bronchi, and pulmonary collapse. In the treatment of chronic catarrhal bronchitis the first and most important point we should bear in mind is that that this disease rarely occurs in a primary form, but that it is due to some constitutional disorder. The patient must be removed from every possible source of bronchial irritation and exposure to sudden changes in temperature. Flannels should be worn next to the skin. He considers climatic influences par excellence in the treatment of this disease. It is true that in some cases medicinal agents may afford some relief and possibly a cure, but in the majority of cases the use of drugs avail us nil. In selecting a climate for those of our patients who are able financially to travel, we should send them to a locality where it is very dry, with pure air free from ozone.

Phthisis following Pleurisy.—Dr. George G. Sears (Boston *Med. and Surg.*) says that it can be said that a very considerable proportion of cases of acute, apparently idiopathic pleurisy with effusion, is followed by pulmonary phthisis. In a part of such cases the pleurisy is doubtless of tubercular origin and is its earliest expression just as hemorrhage may be the first symptom and not the occasion of pulmonary phthisis, while of the cases which remain permanently well, in view of the spontaneous recovery of tuberculosis in other situations, it is fair to assume that a certain proportion is due to the same cause, the process remaining local. In others, though itself benign, pleurisy may be the cause of grave disease by dislodging the bacilli from

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their comparatively harmless position in the bronchial glands, or by crippling the movement of the lungs favor the development of phthisis. Whatever may be the relative importance of these processes in inducing the same result, the deductions to be drawn as to treatment are sufficiently obvious and should lead to the greatest care during convalescence to protect the patient so far as possible from danger by building up his powers of resistance, while the expansion of the lung should be aided by early, and if necessary, repeated aspiration. Equally obvious, for both prognosis and treatment, is the necessity for frequent, careful examination of the lungs themselves as well as a bacillary examination of the sputum, lest in the greater interest of watching the daily changes of the fluid the beginning of a more serious condition may be overlooked.

Beans or Peas.—The following is from the pen of Mr. Appleby King (*Brit. Jour. Dental Sc.*):

A patient was sent to me by a medical man for the purpose of making an examination of his mouth, the object being to discover any cause of severe pains he had been suffering from, and as he said "giving him beans." He complained of sickness, and pains in the intestines. The doctor suspected that probably some copper filling might be the cause of some irritant poison, he being unable to account for it in any other way. I could find nothing that tended to support the suspicion of the doctor. There were several amalgam fillings, (not copper), and one large cavity that had never been filled, this he asked me to attend to. On excavating the cavity, among other matter removed, was a perfectly green pea. The mystery was at once solved. I then said, "Now before you felt this attack of sickness and pain of which you complain, did you partake of some entree served with green peas out of season?" The reply was, "Yes, but how on earth could you know this?" Handing him the green pea which was as well preserved as if it had been in the tin can, I said "here is one of them just removed from the cavity of your tooth, which explains the whole thing. Take my advice, eat no more green peas out of season. This delicacy is prepared in France and imported for the English market, well charged with copper to give them a good color, and are so poisonous that the French government have forbidden their use in France, but do not think them too nasty for Englishmen like you; you are mistaken, it is peas you have been suffering from, not 'beans.'"

For Tapeworm.—One of the best remedies for the expulsion of tapeworm from the intestinal canal (*Med. News.*) is the oleoresin of male fern. After the usual preparatory treatment by low diet and catharsis, two drams of the oleoresin of aspidium may be whipped up with the yolk of an egg and peppermint-water, and syrup added to make two ounces; the whole being taken in the morning, on an empty stomach; and, if necessary, followed by a purgative.

Two Rare Cases.

Editor Medical Review.—As you have requested physicians to send notes of interesting cases, I will briefly mention two which, although not of especial importance, are sufficiently rare to deserve notice.

Case I. Articular Rheumatism.—L. G., male, æt. 16. Was called Jan. 30, arrived at 10 P.M., found the patient an uncommonly strong German boy. Diagnosis: Acute inflammatory rheumatism, affecting both knees, one ankle, one hip, and one wrist. There was much heat, tenderness and swelling. The messenger who came for me said the patient was "having fits" every half hour. Acting on this information I took along plenty of "fit" medicine. Immediately upon arriving I gave him a teaspoonful of a strong solution of bromides. Parties who were present informed me that he had had quite a number of convulsions of so hard a character that it required three or four strong men to hold him. I could see marks on the wall at his bedside where he had struck and scratched. It was evident that he was not shamming as he was in too much pain to move when conscious. I remained with him about two hours, but did not succeed in seeing him during one of his seizures. I ordered the bromides continued, also gave him ten grains sodium salicylate every two hours, and sufficient phenacetine to reduce fever. During the next twenty-four hours he had no more convulsions and was better in other ways. The next night the convulsions returned, and I was sent for in haste, but as his rheumatism was improving I did not see fit to change the treatment. He continued to improve, with a slight convulsion occasionally, until Feb. 7, when he had one of the hardest ones that he had yet had. Upon reaching his bedside I found he had had a relapse and the opposite elbow and one knee were badly affected. I gave him the following:

℞ Pot. iodide, - - - - ʒijss.
Pot. bicarbonate, - - - - ʒjss.
Vini colch. sem., - - - ʒj.
Fl. ex. hyoscyam, - - - - ʒss.
Syr. simp., - - - q.s. ft. ʒviij.
M.
Sig. Teaspoonful well diluted every four hours.

As he had but little fever I discontinued the phenacetine but continued the bromides, and gave sufficient morphine to control pain. He gradually improved under this treatment, and made a good recovery.

The strange part of this case was the convulsions. I have treated a good many cases of rheumatism, but this is the first one I ever saw which was attended with

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convulsions. For fear of making this too long, I have left out some matter of minor importance that I would like to have mentioned.

Case II. Threatened Miscarriage.—Mrs. F. A., a young married lady. Was called for by her husband, who informed me that she was six months along in pregnancy. A few hours previous something had suddenly "come down" without any warning, also without any pain or discharge of any kind. Upon inquiry as to what it looked like, he said it resembled "entrals" more than any thing else he could think of; also, that it came clear out and hung between her thighs. Upon arrival I found her in bed; whatever it was that had protruded had gone back and could not be felt. The os uteri was dilated fully as large as a silver dollar. She informed me that she had miscarried on a previous occasion at about six months. I told her that she was threatened with miscarriage, and that it would most likely occur in spite of all we could do. I ordered her kept perfectly quiet, not even to be allowed to turn over in bed, and gave her the following:

℞ Fl. ex. viburnum prunifol., - - ℥iij

Sig. Teaspoonful every four hours.

The patient made a complete recovery. This is the first time in a practice of several years that I have known dilatation to take place to such an extent and portions of the uterine contents to appear in the external world and then every thing quiet down and the patient go to full time without a miscarriage. The experience may not be new to other members of the profession, but it certainly is to me. R. D. Mason, M.D.

Kingsley, Iowa, Feb. 18, 1892.

Diseases of the Hip, Knee, and Ankle-Joint in Children.

Editor Medical Review.—

Under the above caption there appears in the *Medical and Surgical Reporter*, Philadelphia, for Feb., 20 and 27, an exceedingly and highly practical contribution on the subject of arthritic disease in growing children from the pen of Dr. Thomas H. Manley, of New York.

The writer opens his brochure by denying emphatically the identity between scrofula and tuberculosis. He then goes on to say, that there is every phase of the tubercular malady in the stroma of the lymphatics and in the spongy heads of bone shafts; that the rule is, a spontaneous arrest of the malady, as age advances, in the vast majority of cases. It is also denied that in fantile, osseous tuberculosis, is in any sense, a contagious malady; but, that on the contrary, it is rather the offspring of insufficient diet, or that of inferior quality; besides, overcrowding and imperfect ventilation. A warning is given to note continuously the clinical manifestations in all cases, in order that we may not confound struma with syphilis, as many features of both are strikingly similar. The natural history of joint-maladies is fully entered into, with all the varying phases of pathological changes occupying the intra-extra-articular, the osseous and arthritic tissues. Dr. Manley dwells at considerable length on the importance of making a rigorous examination in all cases which entail joint distraint in childhood; for, as he very pertinently adds, a joint may be rendered practically useless, and yet preserve its structural elements unchanged, as is the case in muscular, tendinous, or ligamentous anchylosis. Hip joint disease, so called, he says, should be banished from medical nomenclature, as being a vague and often meaningless term, being too often employed, when the synovial and osteochondral structures or the ileo femoral articulation were in no way implicated by pathological processes; while, on the contrary, were these maladies involving and adjacent to the hip-joint designated muscular, neural, synovial-arthritic, osteo-arthritic, acute, subacute, chronic, traumatic or pathological; as syphilitic, rheumatic or strumous, a great gain would be made, which could be utilized, not only in the way of treatment, but prognosis as well.

The author says, that in this class it may be laid down as an axiom that the line of success in the management of these cases must always be in the direction of hygienic, constitutional and internal medication, rather than the purely mechanical measures which, at best, serve but a subsidiary purpose in the vast majority of cases.

He warns practitioners not to apply any sort of permanent fixture apparatus to the hip-joint unless he is assured that the head of the femur or the floor of the cotyloid cavity are involved in the destructive changes. Mistakes, he adds, and careless, superficial examination at the articulation at the hip, he has often seen lead to such treatment as ultimately led to shortening, atrophy and anchylosis. This has been the case when one has mistaken a mere sprain, rheumatic or syphilitic inflammation for organic disease, and has instituted such measures of treatment as ultimately led to the ruin of the limb. Hence, while orthopedic apparatuses serve a useful purpose in clearly defined cases and under certain definite indications, their ignorant, careless or indiscriminate employment is followed by most lamentable consequences.

The bed, he says, with the knee flexed on the body for all hip maladies in their early stages. For, by instituting this simple procedure the joint is given rest and all the powerful traction levers of the femur are relaxed.

He unsparingly condemns the general practice of resection of the knee-joint for strumous disease in children, alleging complete mechanical annihilation of an articulation is not its cure in any sense; that tubercular synovitis, osteo chondritis or osteitis at the knee, as a rule tends to spontaneous arrest, almost invariably in the growing child with more or less anchylosis; that there is no proof that there is danger of tubercle becoming disseminated through the body and lodging in organs, form a focus at the knee; or on the contrary, as a matter of fact, but comparatively a few, of those who have had tubercular synovitis at the knee ever develop pulmonary or meningeal tuberculosis. Resection causes

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an arrest of growth of the whole limb and as the distinguished joint surgeon, Dr. Gibney, of New York, has demonstrated at the Academy of Medicine, as the child rises in height, this arrest of development must be compensated for on the resected side by a lift or a sort of stilt from four to six inches high to allow for the disproportion. Further, that not infrequently, the sawn surfaces of bone fail to solidly unite and the strumous or tuberculous changes continue above or below the joint excision in the epiphyseal ends of the bones. Even though there were no diminution of growth in the bones, yet he maintains that the limb anchylosed in the straight position it is for a thousand purposes an inferior attitude to one flexed from 20 to 40 degrees, which possesses all its ligamentous supports.

But little is said of tuberculosis at the ankle-joint. In concluding, the doctor adds an interesting chapter on the subject of joint neuroses; those painful sensitive joints of nervous, hysterical, young women; in whom the articulation is anchylosed, yet, on the most critical examination, no local, organic changes can be discovered to account for it. With these he maintains the origin, is in the cortical areas of the periphery of the brain, and that the physical impediment lies in the muscle sheaths in the care of the tendons, or the intermuscular spaces. They belong to that group of joint affections in which the traveling charlatan marks his marvelous cures, when eminent surgeons fail, and must be dealt with by a combination of powerful, mental impression with active, direct intervention of the surgeon. The stiffening, he says, must be limbered out by sudden, violent force, applied in an unexpected abrupt manner without the aid of any anesthetics. For, he insists, that the infliction of pain is a *sine-qua-non*. Directions are given as to how this force is to be applied in those pseudo anchyloses, so that portion of the bone may be avoided or serious laceration of the tendons or ligaments occasioned.

San Francisco Letter.

Editor MEDICAL REVIEW.—I have been greatly amused of late taking notes upon the divergent variety of conditions blamed upon the gentle bacillus of la grippe. To both the laity and the physician "a touch of the grip" gives sublime satisfaction and is entirely sufficient to account for anything from tabes dorsalis to pregnancy, both of which I have laid to the door of that poor microbe. A patient from the country came to see me a few days since complaining of absence of menstruation. She had la grippe three months ago and her physicians gravely assured her, that was the cause of her amenorrhea. I found she was about three months pregnant, so perhaps "a grip" really had something to do with it.

Regarding the disease among the horse family it differs from the ordinary influenza as follows:

1. Tending to pneumonia and high rate of mortality.
2. Very little and often not any cough.
3. Rapid and nearly entire loss of strength.
4. When recovery follows, strength not regained for weeks, oftener months.

The "frequent cases of measles" of my last letter has developed into a wide spread, although mild epidemic. Many cases of mumps are reported in connection with the rubeola, especially in the great valleys—we still hear frequently of scarlet fever, while influenza is still to the front as a cause for murder, insanity and sudden death. It is displacing great failure and apoplexy on death certificates and emotional insanity and of leptomania in courts of law.

There have just been discharged from the City and County Hospital two Japanese, who were admitted five weeks ago with beriberi. The disease developed while on the voyage from Japan to San Francisco—heralded by flying pains throughout the body and hyperesthesia, then marked swelling of the legs and paralysis. When admitted the cases except for the history could not be distinguished from alcoholic neuritis. They were at first treated with argentum nitras but to no purpose, when on the hypothesis of a malarial origin they were given large doses of quinine and rapid recovery followed.

At the meeting of the California Academy of Medicine there were reported two operations for cholocystotomy and one of cholocystectomy, in all of which good results were obtained.

The Board of Health stirred up by the report of the London *Hospital* and the local press, are making strenuous efforts to secure an extra appropriation to introduce the needed improvements in the management of the public hospitals. The Board is assisted in its fight by the great influence yielded by the San Francisco Polyclinic. This last corportion held an informal conversazione at their rooms on Feb. 19, and it appeared as if all the brightest and progressive men of the city profession were present. It is understood that steps are being taken to affiliate the Polyclinic with the medical department of the State University and in connection with it give an extension course in the practical medical sciences.

We have been more successful in the quarantine of the passengers from the last China steamer which brought small-pox than the officials on the Atlantic seaboard with typhus fever. All those landed are still quarantined at Angel Island and strict seclusion maintained—the quarantine officer stating that this will be kept up for eighteen to twenty days after the development of the last case if it takes all summer. During the first week new cases were segregated every day or two, but no new case has appeared during the last four or five days. The quarantine officer had some trouble with the Custom House, as he insisted in keeping with the passengers several custom house officers who boarded the ship, but he stuck to his point and still holds them. With the typhus on the Atlantic and variola on the Pacific striving to gain admittance, the country is between two fires and the prevention of its spread, speaks well for the progress of the science of sanitation.

S. J. HUNKIN.

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Buffalo Letter.

Editor MEDICAL REVIEW.—At the last meeting of the Clinical Society, Prof. Crego showed a child affected with general athetosis. The child was well until eight months old when it had an epileptiform convulsion following which athetoid movements began in the right arm, spreading gradually to the whole of the body. Prof. Mynter performed bilateral craniectomy, first on one side, the operation occupying forty-five minutes, and three weeks later on the other side, the operation occupying twenty minutes. Improvement followed each operation, but the child had now relapsed into nearly its former condition. Dr. Mynter in discussion said that there was not much danger from the operation and that parents were usually inclined to accept operation in the case of such children. He thought there was greater indication for Lannelongue's operation in cases of microcephalus than of athetosis but he considered the operation rather a fad. Prof. Putnam described a still more marked case of general athetosis.

Dr. Mickle presented a cast of the heel from a patient with dermatitis exfoliativa. There had also been detachment of almost perfect epidermal gloves and of scrotal epidermis. The patient, an adult male, had had scarlatina in childhood and of late years two other attacks of dermatitis exfoliativa. The local symptoms were pain, swelling, a feeling as if the parts were covered with paint, crawling and burning and finally the detachment of the epidermis. The diagnosis from scarlatina was made by the multiplicity of the attacks, the localized and non-contagious nature of the disease. It is allied to pityriasis rubra.

Dr. Putnam showed a patient supposed to have a tumor at the base of the brain.

Dr. C. C. Frederick read his paper on vaginal hysterectomy previously reported as delivered at the Medical and Surgical Association meeting. Concerning the choice between ligature and forceps after operation, there was considerable difference of opinion. Prof. Mynter said that last summer in Copenhagen he had seen the operation completed by ligating the broad ligament in five sections on each side and then closing the abdominal cavity by tying together the ends of opposite ligatures.

At the Pathological Society, sections of malignant tumors were shown by Prof. Krauss. Dr. Bergtold presented specimens including the uterus and iliac vein with thrombus, from a woman who died after abortion, of pyemia complicated with pneumothorax due to rupture of a small pulmonary abscess. Dr. A. L. Benedict mentioned this and another cases as illustrations of the fact that vague pains over the liver may be the only ante mortem indications of gall-stones.

One of the oldest and wealthiest members of the local profession, Dr. John D. Hill, has just died in his seventieth year after a fight of eight years with chronic interstitial nephritis.

A few days ago a special meeting of the Erie County Medical Society was called to take action against the anticipated passage of a bill postponing for one year the effect of a law requiring all new graduates in medicine to pass a state board of examiners before being licensed to practice in New York State. Memorials were drawn up to be presented to the Legislature and a committee was appointed to make personal intercession at Albany.

Dr. Heath, formerly of the U. S. Marine Hospital Service has been appointed Inspector of Foods and Drugs at a salary of $1,000. He was first on the eligible list of the civil service examiners.

The pharmacal department of the University of Buffalo resumed work early in February after its medical course examinations and a week's intermission.

A. L. B.

Painful Sensations About the Heart, however alarming to the patient, are usually regarded by the medical practitioner as but little likely to be connected with organic cardiac disease (*Northwest. Lancet*), but rather to be due to indigestion, neuralgia or rheumatism. Nothnagel has discussed this subject in a paper lately, and finds reason to think that painful sensations in heart disease are more common than is supposed, and that the complaint of pain in the cardiac region should not be treated lightly even if no disease of the thoracic organs is to be discovered. If these pains are due to dry pleurisy, neuralgia or rheumatism, why, he asks, are they limited to the left side and not felt on the right side and back as well? The answer to this, or at least a partial answer, undoubtedly is that pain in the left side attracts much more attention than pain in the right side, because people are always suspecting themselves of heart disease, and pain there attracts their attention when pain in other regions would not.

Weekly Medical Review Pocket Reference Book and Visiting List. Perpetual. J. H. Chambers & Co., Publishers, St. Louis, Mo.

This is a neat, convenient and well arranged book. "It is not the intention to supply the place of larger books of reference, but merely to aid the memory in such directions as experience has shown special need." It will be mailed to physicians on receipt of price, 75 cents.—Alabama *Med. and Surg. Age.*

Ingluvin.—Among the desideratum which physicians have as remedies for the purpose of treating sickness, digestion, cholera infantum and similar troubles, it has been found from experience that although quite a large list of remedies are indicated, there is perhaps none which is so useful for real use in the treatment of these conditions as Ingluvin, which our readers know as ferment derived from the gizzard of a common fowl. Messrs. Wm. R. Warner & Co., put this up not only in a convenient but palatable form, and will be more than pleased to send a sample of this remedy to any who desire it.

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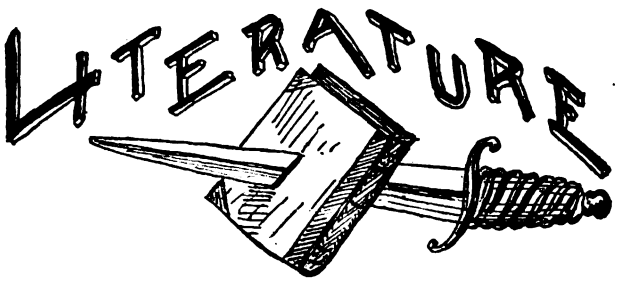
Aluminium in Orthopedic Apparatus.—Dr. S. R. Morrow, of Albany, presented to the Medical Society of the State of New York, a hip splint made of aluminium, which was about one-third the weight of the ordinary iron or steel instrument, and for this reason possessed marked advantages, especially in young patients. He thought the same material would come to take place of the heavier metals in other orthopedic apparatus. It also showed little tendency to become tarnished.

Muriate of Ammonia in Grippe.—Dr. Marotte has reiterated to the French Academy of Medicine his success in the use of muriate of ammonia in the treatment of Grippe. He employs it in the following combination:

℞ Muriate of ammonia, - - gr. xxijss.
Infusion of sage, - - - ʒxxx.
Rum, - - - - - ʒijss.
Syrup of bitter orange peel, - ʒv.
M.
Sig. A tablespoonful to be taken every two or three hours.

Rupture of a Pelvic Hematocele During Delivery.—Dr. H. P. Loomis presented to the New York Pathological Society (*Med. Rec.*), the uterus and vagina from a woman, thirty-one years of age, who had been attended by a midwife, and delivered instrumentally. She was confined three days before her admission to the hospital and the husband stated that the labor was difficult and that an operation was required. On admission, her condition was such as to preclude a thorough examination, and she died twelve hours later. At the autopsy, the abdominal cavity was found filled with bright fluid blood, and with large clots in the pelvis, on the left side, and behind and around the descending colon. There was no peritonitis. The hand could be passed through Douglas' cul-de sac into the abdominal cavity. This rupture had evidently been attended by a profuse hemorrhage which had caused death. Behind the lower portion of the upper part of the vagina was found the old and ruptured cavity of a pelvic hematocele, which was evidently extra-peritoneal. The size of the hematocele was about that of an orange. There was also a small dermoid cyst of the ovary, which, however, was only incidentally of interest. It was difficult to say whether the rupture was caused by the pressure of the child's head, or by instruments.



Fourth Annual Meeting of the National Association of Railway Surgeons, held at Buffalo, N. Y., April 30, and May 1, 1891. With a Historical Sketch of the Association, List of Members and Other Matters relating to the Association. 8 vo., pp. 182. Illustrated, with Portraits of the Officers of the Association and Others. [Chicago: Published by the *Railway Age and Northwestern Railroader.* 1892.

These transactions constitute the first volume issued by the National Association of Railway Surgeons and it is due to the generosity and enterprise of the *Railway Age and Northwestern Railroader* that we are enabled to see them in book form. The volume is one which reflects credit not only on the contributors but upon the Association and publishers as well. We must not forget, in this connection, to mention the good work done by Dr. Harvey Reed who rendered invaluable assistance in its preparation a work he was eminently qualified to undertake owing to his experience as editor of the surgical department of the *Railway Age.*

These transactions show the reader very plainly what kind of work railway surgeons are capable of, not only in the special forms of surgery incident to railroad injuries, but in other departments as well. The volume before us is perhaps as good a text book on railway surgery as we could desire, more especially as it is composed of the work of practical men dealing with actual cases and reciting their experience of facts such as are most likely to come within the scope of the railroad surgeon's work in the pursuit of his duties in connection with the railway systems whom he is serving in his professional capacity.

We must not omit saying a few commendatory words relative to the sixteen portraits which adorn this book and which place before us in the highest style of photo-engraving the counterfeit presentments of some of the most prominent members of the Association. As is meet the portrait of Dr. Jackson, the first president, whose untimely death we all lamented, graces the book as its frontispiece.

Taken all in all, the work is one deserving of the highest praise and we sincerely hope that, now that it has been inaugurated, we shall have the pleasure of seeing the transactions appear annually in as handsome a form as the present one and, in conclusion, we wish to express our earnest hope that the Association will continue to increase in the future as it has in the past.

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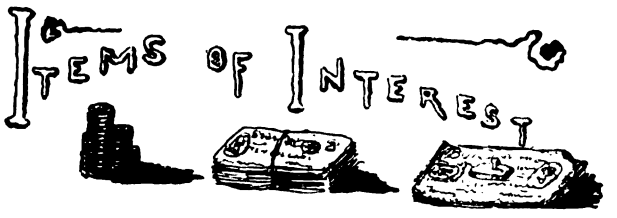

The Arkansas State Medical Society will meet June 2, 1892.

Philadelphia has 138 women physicians, and the cry is, "still they come."

The Central Texas Medical Association will hold its next meeting April 12, 1892.

Dr. Broadbent has been appointed physician in ordinary to H. R. H. the Prince of Wales. This appointment seems to have met with the approval of the profession in England.

Rush Medical College is to have a biological and pathological laboratory, to cost $50,000. The faculty has raised the necessary funds, and the laboratory will be built during the coming summer.

Lahore Medical School.—The Punjab Government has provisionally sanctioned an additional professor to the Lahore Medical School, pending reference to the Secretary of State for India.

Dr. Strickler, in discussing Dr. Keating's paper before the Colorado Springs Medical Society, claims to have "had the good fortune to make 'post mortem' examinations on several persons now living."

Professor Rosenthal, by recent calorimetric determinations, came to the positive conclusion that in simple fever there was no increased production of heat, but merely a diminished loss; and that, in fact, for several hours after its inception there was a greatly diminished production, especially during the chill.

Oh! My!—Our brilliant contemporary, the *Cleveland Medical Gazette* says:

"It is a pity that the medical profession of St. Louis cannot combine their forces and publish one or two good medical journals instead of so many." We would recommend the editor of that monthly to read the MEDICAL REVIEW.

Treatment of Cancer.—It is reported that several Berlin cancer patients have asked Professor Bilroth of Vienna whether he would advise them to subject themselves to the treatment proposed by Professor Adamkiewicz, of Cracow, and that Professor Bilroth has answered that he has not yet seen any cancer patient cured by the treatment.

A Florida Physician, graduate of the Jefferson Medical College of Philadelphia, says that he has been enabled for many years to make a positively correct prognosis in nearly every case by seeing the ghost of the patient sitting by the bedside either as a corpse or restored to health. The vision appears generally at the first visit. At least, that is what an eclectic journal states.

An International Exhibition of the "Red Cross" has been opened in Leipzig. It contains chiefly articles and preparations relating to the army, to food for the masses, to public health, to transport of the sick and wounded, etc. "Food and feeding" forms a department of its own. There are some very noticeable portable ice machines for field hospitals and, of course, all that is newest in the shape of concentrated and preserved food preparations, portable medicine chests, etc.

"Dr. Albert Fishblatt," so called, was recently arrested at Cleveland, on the charge of obtaining money under false pretenses. A broker firm purchased promissory notes aggregating several thousand dollars from "Dr." Fishblatt, paying for them the sum of $1,000 upon his representation that they were worth at least that sum. Each note was made in favor of Dr. Fishblatt, who has been practicing as a specialist in medicine under the name of the Albert Dispensary, and was made payable at the time the cure was effected. The notes are "judgment" contract notes, which gull so many victims of advertisers. In all probability the the "specialist" will be acquitted.

Cave Canem.—The following circular was adopted by the Hot Spring City Council March 1, 1892:

Don't listen to any one who volunteers advice about doctors. No regular physician will require more than $5 in advance.

If you have letters to a physician, deliver them in person. If drummers find you have such letters, they will tell you the doctor is out of the city, dead, quit practicing, drunk, or something of the kind.

Drummers on the trains, on the streets, or at the hotels, or boarding houses will pretend that they are visitors.

A Lie Nailed.—According to a Chicago exchange the charges made of illegitimate pregnancy in the Jacksonville insane-hospital have been demonstrated to be deliberate lies by the Chicago *Times*. The reporter making the charges declined to furnish any data on his own responsibility and had no names of witnesses to present. The patient named had never been in the institution. The *Times* under its new management, while much improved, seems to have re engaged the "fakirs" of the blackmail era of 1889 whose performances led to the penitentiary sentence of its then editor. The other charges made against the insane-hospital seem to be equally baseless.

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Typhus Fever is said to be increasing in New York.

The Indiana Medical Journal is for sale. It is in its tenth year and seemed to be successful financially.

The First Female Lecturer on Obstetrics was Madame Francoise, the midwife of Catharine de Medicis.

Dr. Pope Yeaman, of Boone County, Mo., has formally announced that he is a candidate for the office of Governor.

St. Francis' Hospital, in Wilbur, near Trenton, New Jersey, has been closed, small-pox having developed in some of the patients.

The New Albany Medical Herald, after a discontinuance of three months, has reappeared. It has been removed from Louisville, Ky., to New Albany, Ind.

Quarantine Against Small-Pox.—The health officers sent to Ellis Island, N. Y., March 2, 258 of the 421 steerage passengers of the steamship City of Chicago, because of exposure to small pox.

Dr. Diger, of St. Peters, Mo., has been accused of seduction by a girl named Schwendermann. The doctor was warned to leave, but he not only did not do this but faced an armed mob. He says that the charge is an attempt at blackmail. He is a man of family and possessed of considerable property.

Quickly Acquitted.—In the noted case of Dr. Scott Helem, of Phœnix, Ariz., charged with the murder of Mrs. Alice White, the jury returned a verdict of acquittal without leaving their seats. The court refused to admit the dying statement of the deceased and the prosecution had nothing on which to base the case.

Typhus Follows Famine.—The inhabitants of Arva, the northernmost country of Hungary, are suffering from an epidemic of typhus and other deadly diseases, in addition to the famine which prevails there. The people are reduced to such straits for food that they are compelled to eat the barks of trees and pine cones.

The St. Louis Bichloride of Gold Club was organized on March 2, last, with twenty-five active members. The purpose of this is the getting together all of the Keeley graduates in St. Louis so that a club could be formed for the purpose of assisting others to the cure and furnishing a permanent and congenial organization for all graduates. There are about ninety five graduates of the Keeley Institute in St. Louis, and it is expected that all of them will join the club.

The Body of Robert G. Mitter, of Chicago, who mysteriously disappeared from his home, 12 West Thirteenth Street, a few days before last Christmas, was found March 2, in the river at the Twelfth Street bridge. Dr. Mitter started out to buy some Christmas presents and was never thereafter seen alive by his friends.

Missouri State Medical Association.—This Association will hold its thirty-fifth annual meeting at Pirtle Springs, Mo., May 17-19, next. Members of the profession who expect to read articles at that meeting, must forward the title of their papers to Jr. John H. Duncan, N. W. Cor. 11th and Walnut Sts., Kansas City, Mo., on or before May 1, 1892. This is necessary in order that the programme may be arranged in time.

Pan-American Medical Congress.—Dr. Charles A. L. Reed, of Cincinnati, was in Washington recently to secure the interest of the administration in the Pan-American Medical Congress of which he is the secretary-general. This is to be a congress of physicians of all the various countries of the Western Hemisphere and is to meet in Washington in September, 1893. The prominence of the medical profession in State affairs in those countries gives this movement an important political meaning in view of our reciprocity policy.

Dr. Roberts Bartholow is insane. The *Times and Register* says: With the deepest regret we learn that the doors of the insane asylum have closed upon Roberts Bartholow. What an ending for such a life! To the very last, no evidence of mental alienation appeared in his lectures or his writings. The habit of a lifetime's assiduous labor carried him along in the well-worn grooves, although outside of them his malady was easily discernible. Hard work, no rest, no Sabbath, no vacation; by such means his powerful intellect carried him to the forefront of his profession; but at last outraged Nature reached her limit of endurence, and the break down was complete.

The Meanest Man in Great Britain has been found (*Med. Rec.*). His discovery was due to a suit to recover the amount of a bill for medical services brought by his physician. The man had ample means and held several official positions in the county and town administrations. But it appears that he was connected in some way with some extensive quarries in the place, and had been made an honorary member of the quarries' benefit club of which his family physician was surgeon. His defense was that he was entitled to the services of his family physician free, as being an honorary member of this club, although he paid very much smaller dues than the regular members. The court very promptly overruled this defence, and then he put in a more valid but equally mean plea, and finally succeeded in avoiding the payment of about seventy five per cent of the claim.

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Dr. Vulkovitch, the Bulgarian agent at Constantinople, who was stabbed by an unknown man, died Feb. 27.

A Polish Chemist has discovered that oxygen is not colorless. In a layer of thirty millimeters thickness he finds that it has a bright sky blue color.

The College of Surgeons of Ireland have recently opened their new buildings, which include a large dissecting room, and chemical laboratory which are lighted by the electric light. They have been erected at a cost of £5,000.

The Corpuscle is a lively monthly medical journal edited by the students of Rush Medical College, of Chicago. It claims to be the first of its kind in existence. In contains much gossip and a great deal of valuable matter in the form of extracts from lectures, etc.

Hypersensitive.—A physician of Ubeda, Spain, recently suicided because two physicians, called in consultation, disagreed with him If this procedure was universal there would soon be no occasion to complain of the profession being overcrowded.

Suicide of a Typhus Patient.—Mrs. Pearl Shapphear, a Jewish immigrant, who was removed to St. Louis Quarantine Hospital on February 23, committed suicide there on the 29th ult., by strangling herself with a sheet. She and her family, consisting of a husband and three children, had only recently arrived from Russia, and she was suffering from the dreaded typhus.

Missing Links.—One is the man that monkeys with a can of dynamite, or an electric spark around a reservoir of gas, or an open keg of powder, or the business end of a wasp, or of a mule, or the safety valve of a steam boiler; the typewriter and the summer girl are not always harmless; the dynamo also resents too much monkeying, and it don't pay to monkey with a centipede or a tarantula; so don't monkey with these and other dangerous articles, or there might be another missing link, and you might not be "in the swim" next summer.

Hunterian Society.—The following gentlemen were elected officers for the ensuing session: President, Frederick Gordon Brown; Vice-Presidents, Thos. E. Bowkett, J. Dundas Grant, M.D., C. J. Symonds, M.S, and R. G. Tatham; Treasures, F. Charlewood Turner, M.D.; Trustees, H. I. Fotherby, M.D., and F. M. Corner; Librarian, Arthur T. Davies, M.D.; Orator, John S. E. Cotman. M.R.C.P. Ed. Secretaries, John Poland and R. Hingston Fox, M.D.; Council, S. H. Appleford, M.D., H. W. Denton Cardew, Sir Andrew Clark, Bart., M.D., T. Rowing Fendick, J. Langton Hewer, M.D., T. Mark Hovell, Francis R. Humphreys, Stephen Mackenzie, M.D., T. Horrocks Openshaw, M.S., Reginald J. Ryle, M.B., F. J. Smith, M.D., and Henry J. Thorp.

The New University of London.—It seems not improbable that the new University for London will not be called the Albert University, but the Gresham University. On this condition the Gresham College have offered to place their buildings and funds at the disposal of the University, thus providing a home and at any rate a certain assured income towards founding professorships.

The Militia Surgeons, as announced in these columns will hold its second annual meeting in St. Louis. The Secretary of War has granted a detail from Fort Riley, Kas., of which Major John Van R. Hoff, Surgeon, United States Army, will be in charge, including the Hospital Corps at the post, and it is probable that a special detail will be made upon the medical department of Jefferson Barracks, Mo., and Fort Sheridan, Ill., for the meeting in April.

A Victim of the Gold Cure.—Edward Chaffee, a prominent merchant of Collins, Colo., came to Cheyene, Wy., to take the Keeley cure for alcoholism. Feb. 28 he got up in his sleep and walked out of a second-story window of the institute, fracturing his skull. He died the next day. Chaffee, contrary to most patients, quit drinking whiskey absolutely after he took the first injection, and it is thought he became slightly demented under the influence of the medicine.

Derelict Doctors.—The Bureau of Health of the City of Pittsburgh has brought suit against a number of well-known physicians for failing to report, according to law, the births occurring under their care during the last quarter of 1891. This proceeding is an old story. The Bureau has, many times before, been compelled to this steps to force physicians to obedience of the statute, and has, each successive time, withdrawn the suit at the solicitations of the accused. This time they say the penalty of the law will be imposed in full.

McGroarty's Leg seems to have caused quite a commotion in St. Louis. McGroarty was run over by an electric car, and taken to the City Hospital where the injured leg was amputated by the Superintendent, Dr. Dalton. The patient died and the Coroner's physician declared death to be due to the amputation. Surgeons examined the stump and, finally, on Feb. 27, at a meeting of the St. Louis Medical Society the specimen was presented. The Society passed a resolution declaring that the amputation was not the cause of the patient's death. Threats of preferring charges against those members, who published a contrary opinion in the newspapers, were made and some lively times are anticipated. The verdict states that "the deceased came to his death at 5:30 A. M. on February 18 at his residence at 1845 Madison Street from exhaustion, consequent upon the loss of his right leg, caused by falling under and being run over by a trailer car."

This leaves the doctors to settle whether or not the leg was preporly amputated.

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To a Physician of Philadelphia, widely known and greatly honored, an enterprising firm of dealers in wine lately sent a most lavish and costly case of "samples" of their "medicinal" beverages. The enterprising firm was thanked, and politely informed that the presend had been re-presented to ——— Hospital.

The Doctor in General Literature.—Says an exchange: The public, undoubtedly, forms much of its impressions and opinions of the members of the medical profession, their work and results, from the study of physicians as found in the productions of general literature. A strong book, containing a vivid picture of a physician, his work and his ambitions, impresses the public indelibly. Consequently, the medical profession owes some of its standing to the fact that it has been fortunate in being placed, as a rule, in favorable positions before the public.

A Prize of 4,000 francs (nearly $800) is offered anonymously through the Belgian Academy of Medicine for the best essay on the pathogeny and therapeutics of epilepsy. The same donor orders that the sum of 25,000 francs may be given, in addition, to the author who shall have realized a marked progress in the treatment of diseases of the nerve centers such as, for example, the discovery of a cure for epilepsy. The expiration of the time allowed will be Feb. 1, 1894. All essays should be sent, under academic restrictions, to the Secretary of the Academy, Dr. E. Masoin, Brussels, Belgium.

Status of Hospital Patients.—This seems to be strictly defined in some parts of England. At the annual meeting of the Radcliffe Infirmary the following rule was unanimously adopted: "A patient desirous of being admitted to the gratuitous benefit of the institution must satisfy the governor making an order for such admission, or the admitting officer as the case may be, that he is unable from want of means or other urgent cause to obtain sufficient aid at his own residence or elsewhere." It was ordered that such alterations as were necessary in the forms of admission should be made in order to bring them into harmony with the rule.

The Woman's Medical College, of Philadelphia, says an exchange, is in a thriving condition, and has a larger class than last year. On the matriculation list are four students from India (one a native), one from Brazil, two from Russia, one from England, one from Canada, with others from distant States—Maine, California, Texas, Mississippi, Georgia, Tennessee, Alabama, Wisconsin, Iowa, and Utah. The total number in attendance is about two hundred. Of the thirty-seven graduates of last May, one, a colored woman, was the first woman of any race to pass the Alabama State Medical Examining Board; another stood first in the competitive examination as Interne at the Philadelphia Hospital.

A Young Medical Officer on appointment we are told is usually assigned to duty for a few months at some large post where there are other officers of his department, to afford him opportunity of becoming acquainted with the requirements of the Army Regulations and the routine duties of military life. After this he goes to some post west of the Mississippi river, where he serves a tour of duty of four years. An assignment in the east follows the leave of absence which is usually taken at this time; and in after years his stations are selected so as to give him a fair share of service at what may be called desirable posts as an offset to the time spent at less desirable stations.

Criminal Abortion may not be on the increase but there are certainly more cases coming to light than formerly. The newspapers and medical journals are constantly recording their occurrences and it appears that, in nearly all the cases, the implicated individuals are all midwives. The practice of killing the unborn child in order to avoid maternity is not resorted to for the purpose of hiding disgrace alone but seems to be adopted by a great many for the purpose of preventing an increase in the number of children. In the cases which are published we have accounts of those that have resulted fatally; the successful ones can be estimated by consulting the gynecologists.

A Woman's Charms.—According to a French journal these seem to go by threes. The *Lancet-Clinic* gives the following translation of what a woman should have:

Three white things: the skin, teeth and hands.
Three black things; the eyes, eyebrows and lashes.
Three red things: the lips, cheeks and nails.
Three long things: the body, hair and hands.
Three short things: the ears, the toe nails and feet.
Three large things: the breast, the forehead and eyebrows.
Three narrow things: the mouth, the waist and the lower front leg.
Three large things: the arm, the calf and thigh.
Three delicate things: the fingers, hair and lips.
Three little things: the head, chin and nose.

Some Laws in Relation to Colleges.—Mr. Henry A. Riley gives a summary of the laws passed in 1891 in regard to medical colleges (*North Am. Pract*) from which we extract the following:

In Washington a law was passed providing anatomical material for physicians and medical schools. Section 1 allowed any physician or medical student to obtain dead human bodies for purposes of anatomical inquiry or instruction. Section 2 directed sheriffs, coroners, keepers of county poor-houses, public hospitals, county jails or State prisons to surrender the dead bodies of such persons as are required to be buried at public expense, to any physician or surgeon, to be by him used for the advancement of anatomical science, preference being always given to medical schools by

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established in the state for their use in the instruction of medical students.

In Massachusetts the law permitting physicians to take dead bodies for anatomical purposes was amended so as to include the work-house or public institutions of the city of Boston, in the case of bodies required to be buried at public expense.

It was also amended so as to extend the time during which the bodies of persons could be claimed by their friends, from twenty-four hours to three days.

In New York the law which was to go into operation in 1890 requiring all medical students to file certificates with the Regents of the University, showing that they were college graduates, or had passed an examination in elementary education, was amended so as not to apply to students who had duly matriculated before June 5, 1890. They were not to be exempted, however, unless they had filed a certificate signed by the Secretary of the Faculty of the College, proving such matriculation within three months after the passage of the amendment.

In Alabama the Legislature appropriated $10,000 for the Medical College, at Mobile, for appliances, laboratory, etc., and to compensate, in some degree, the faculty for services rendered annually in the education of indigent students from the various counties of the State. The laudable object of the Legislature was "to advance these objects and to maintain the College and its facilities on a par with the most advanced colleges of the country."

In Tennessee the Medical Practice law directed those diplomas to be received which were issued by colleges recognized by the National Medical Association, and the Legislature amended the law so as to make the Legislature amended the law so as to make the State Board of Medical Examiners the judge of the standing of the medical colleges whose diplomas should be recognized.

In Nebraska a Medical Practice law was passed which defined Medical Schools in good standing to be those which required a preliminary examination for admission to their courses of study, and as a requisite for the granting of a degree of M. D. attendance upon at least three courses of lectures of six months each, no two of which should be held within one year. It was also required that the colleges should have a full faculty of professors in all the different branches of medical education, viz.: anatomy, physiology, chemistry, toxicology, pathology, hygiene, materia medica, therapeutics, obstetrics, gynecology, the principles and practice of medicine and surgery, and clinical instruction in the last two.

There have been some other laws passed in 1891 relative to Medical Colleges which will be of interest. In New York the well known College of Physicians and Surgeons has been absorbed by Columbia College and become a department of that institution, though retaining in effect its name, faculty and methods of instruction.

Scarlet Fever in Public Conveyances.—An employe of the Manchester, Sheffield, and Lincolnshire Railway Company was fined five shillings for conveying in a railway carriage the dead body of a child who had died of scarlet fever, without having properly notified the fact to the railway company. The magistrates commented on the danger to the public of such a practice.

Fatal Mosquito Bite.—We read the following in the *Doctor's Weekly:* Harry Randolph Daley, aged 9 years, died at the Johns Hopkins Hospital from the effects of a mosquito bite. Last summer he was bitten on the foot, which caused a slight swelling, but no attention was paid to it at the time. A week or two afterward the boy complained of a severe pain in his foot. This was followed by a swelling, extending to the groin. The boy's parents became alarmed, and took him to the hospital above mentioned, and the surgeon in charge saw at once that an operation was necessary. It was too late, however. The boy weakened with pain, could not withstand the shock, and died immediately afterward. This is the first case of the kind ever known here.

Man's Relative Height and Weight.—The following is given by the *Western Medical Reporter:*

Five feet one inch should be 120 pounds.
Five feet two inches should be 126.
Five feet three inches should be 133.
Five feet four inches shhuld be 136.
Five feet five inches should be 142.
Five feet six inches should be 145.
Five feet seven inches should be 148.
Five feet eight inches should be 155.
Five feet nine inches should be 162.
Five feet ten inches should be 169.
Five feet eleven inches should be 174.
A man six feet high should weigh 178.

Sanitation in Chicago.—Says an exchange: This great city, now world-famous, is just now making an unenviable noise in the sanitary world. The press at home and at a distance has recently called public attention to the fact that, judging from the prevalence of typhoid fever, Chicago is far from being a fit place for a grand World's Exposition. Also complaint is made that the water furnished from the lake is by no means so pure as it should be. The local health officials scout both these apprehensions, maintaining that the reports made by physicians are erroneous to the extent that out of every fifteen deaths reported of typhoid fever only three are correct. They also maintain that the lake water at the crib is free from contamination, as shown from time to time by chemical analysis made under their direction.

Physicians and other readers of the REVIEW should not fail to examine its advertising pages, where much that may prove of interest will be found.

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Glycerin-Gelatine.—This is used for bougies, suppositories, etc. It is made as follows: For hard mass: Cover 25 parts of gelatine with 70 of distilled water, allow to stand for several hours, add 50 parts of glycerin, and warm in a steam bath until reduced to 100 parts. For soft mass: Follow the same process, using 15 parts gelatine, 45 of distilled water and 50 of glycerin. The proportions given are parts by weight.

Camphor Ice.—The following is given by the *Chemist and Druggist*:

℞ White vaseline, - - - - ℥viij.
Hard paraffin, - - - - - ℥v.
Camphor, - - - - - ℥ij.
M.

Oxyuris.—The following is given in the *Corr. blt. f. Schweit. Aert.*:

℞ Naphthalini, - - - gr.xv–xxij.
Ol. olivar., - - - - - ℥jss–℥ij.
M.
Sig.: As a rectal injection.

The above is for children. In adults the doses should be as follows:

℞ Naphthalini, - - - gr.lxxv–℥jss.
Ol. olivar., - - - - - ℥ij.
M.
Sig.: To be given in an injection.

Pertussis.—J. B. Ingels gives the following (*Med. Summary*):

℞ Bromide pot., - - - - - ℥j.
Tr. gelsemium, - - - - ♏xxx.
Syr. simplex,
Glycerinæ puræ, - - - - aa ℥j.
M.
Sig. Child 6 years old, teaspoonful every three or four hours.

A Laxative Powder.—The following is a favorite prescription of Dujardin-Beaumetz for the relief of chronic constipation (*L'Union Med.*):

℞ Cream of tartar, - - - gr.xl.
Powdered aniseed,
Powdered fennel seed, - - aa ℥j.
Powdered senna-pods,
Washed sulphur, - - - aa ℥ij.
Powdered liquorice-root, - - ℥ijss.
Sugar, - - - - - - ℥j.
Mix well.

Dose: One dessertspoonful in water at bedtime or whenever most convenient.

Burns.—The following is an excellent dressing for burns:

℞ Campho-Phenique, - - - - ℥j.
Lanolin,
Ung. aquæ rosæ, - - - - aa ℥j.
M.
Sig. Apply two or three times a day.

Milk of Roses.—The following is the manner of preparing this old-fashioned preparation (*Chemist and Druggist*):

℞ Sweet almonds, - - - - ℥viij.
White wax,
Spermaceti,
Powd. white soap, - - aa ℥ss.
Rect. spirit, - - - - - - ℥iv.
Otto of rose, - - - - - ℥j.
Distilled water, - - - - - Oij.
M.

Pour boiling water on the almonds and blanch them, dry and powder in a warm mortar, and the soap and wax and spermaceti (previously melted), mix well, and gradually add the water (heated nearly to boiling point). Strain with gentle pressure, and when nearly cold, add the otto dissolved in the spirit.

Glycerine Jellies.—The following formulæ will be found useful in the preparation of these articles (*Phar. Era*):

GLYCERINE JELLY.

℞ Thin French gelatine, - - ℥ss.
Water, - - - - - - - ℥v.
Glycerine of borax, - - - - ℥x.
Triple rose water, - - - - ℥vj.

Soak the gelatin in the water till soft, warm till dissolved, then incorporate the other ingredients.

GLYCERINE JELLY (CARBOLATED).

℞ Isinglass, - - - - - - ℥j.
Glycerine, - - - - - ℥xvj.
Water, - - - - - - ℥iij.
Carbolic acid, - - - - - ℥j.
M.

GLYCERINE JELLY (SOLID).

℞ French gelatine, - - - - ℥ij.
Glycerine, - - - - - ℥jss.
Water, - - - - - - ℥j.
Otto of rose, - - - - - gtt.j.
M.

ROSE JELLY.

℞ Flaxseed jelly, - - - - - Oj.
Glycerine, - - - - - ℥iv.
Salicylic acid, - - - - - gr.v.
Oil rose geranium q. s. to perfume.
Mix.

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"If I was pa an' ma," said Willie, "I'd hire another doctor. The baby we got last time wasn't finished. It hadn't a tooth or a hair."

"I See," said the large man to the doctor, "that you advertise to reduce fat men." "Yes, sir." "Do you mean physically or financially?"

Mrs. Musicmad.—Doctor, why is it that all the great pianists have such long, bushy hair? Prof. Savage (reflectively).—I presume it is to keep off the flies while they are performing.

Some Folks have cold feet at this time of the year. A school teacher offers a remedy. Use a little mustard inside your stockings. One of her boys, a little fellow, was very uneasy, standing first on one foot and then on the other. "Please may I go out and shake my stockings!" His mother had applied the remedy too faithfully.

A GOOD WAY TO TAKE IT.

An Unquestioned Claim.—Gordon.—Did Crawley's wife succeed in getting a pension?

Wallace.—Yes, easily enough.

Gordon.—How?

Wallace.—She proved that her husband died of small-pox canght from a Confederate soldier during a reunion of the "Blue and Gray."

Accomodating.—Chauncy Depew says: In the Berkshire Hills there was a funeral, and, as they gathered in the little parlor, there came the typical New England female, who mingles curiosity with her sympathy, and, as she glanced around the darkened room, she said to the bereaved widow: "Where did you get that new eight day clock?" "We ain't got no new eight-day clock," was the reply. "You ain't? What's that in the corner there?" "Why, no, that's not an eight day clock, that's the deceased; we stood him on end to make room for the mourners."

The Railway from Joppa to Jerusalem will be opened this spring. It isn't the New Jerusalem, though, and there is still no hope of salvation at 3 cents a mile.

For You to Read.—If you desire to take a delightful trip for either health or pleasure, would advise you to go to Hot Springs, Ark., "the Carlsbad of America," located in the heart of the Ozark Mountains, surrounded by beautiful scenery, fine drives and walks, and the most healing waters in the world. Reached in solid trains of the finest equipment, via Iron Mountain Route. For descriptive and illustrated pamphlet, free, write Company's Agents or General Passenger Agent, Mo. Pac. R'y Co., St. Louis, Mo.

Women as Switchmen.—An exchange states that it is said that the railroad managers of Holland have found it impossible to man the switches with men who can be depended upon to let liquor alone, and have accordingly substituted women. Not an accident, it is said, has occurred since as a result of carelessness at the switch. If things go on this way it will soon come to pass that a sober woman will be preferred to a drunken man in all business avocations, and then what will become of the man? Brethren, these encroachments of tyrannical woman upon the sphere of man must be checked at the peril of every hazard or something or another.

Closets on Cars.—There is no doubt whatever that American Railway cars are the most convenient in the world. The closet is among the great conveniences, but even this could be improved upon in a material way and so that they would present greater conveniences than they do now. It is a well known fact that the traveling public becomes constipated in a very short time and one reason of this is the fact that the closets are not always as inviting as they should be. A system of flushing could be very easily introduced and this would materially aid in dissipating or preventing the noisome odor which is often an accompaminent of the railway closet. It is enhanced, very naturally, by the fact that the room apportioned for this convenience is necessarily restricted. Another reform which is absolutely demanded is the placing of a convenient hook of a large size in each one for the purpose of affording every passenger the opportunity of hanging his over coat, coat and vest or such other articles of wearing apparel as interfere with a comfortable performance of a necessary and often imperative duty. The cost of introducing these changes would be merely nominal and would soon be more then repaid by the commendations reaped thereby.

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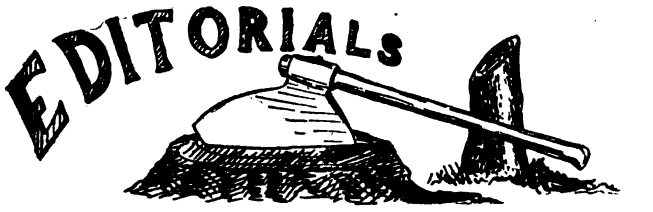

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All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

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Medical Society Rows.

The medical profession is composed of a number of gentlemen who, in a social point of view, are perhaps as well-behaved and polite as any to be found in other professions. The majority are interested in their work and do all in their power to become perfected in it and to do that which will be of the greatest good to the greatest number. The medical society is an instance of this and the regularity in attendance, as well as the interesting papers read, cases presented, and discussions indulged in attest to the earnestness of endeavor as well as the interest manifested by the members. All this is certainly creditable and if matters stopped there no one could raise his voice in reproach or find anything entitled to just criticism. Unfortunately, such is not the case. Members of medical societies or at least, a portion of them never feel well unless they can precipitate a row and create trouble of some sort, whether there be a reason therefor or not. They are never satisfied unless some one is in hot water and the societies are very few in which such things do not occur.

We have had occasion to observe this peculiar state of affairs on a number of occasions and the result has never been beneficial to any one in particular but has rather contributed to engendering and perpetuating a certain amount of rancor and ill-feeling where harmony should prevail. It has given some an opportunity to pose as martyrs, and others to gloat in fiendish glee over what they supposed their influence was in making public opinion in the profession. Altogether the result has been one unsatisfactory to those concerned, as the successful combatant of to day may be the vanquished one to-morrow.

One of the societies which is acquiring quite a reputation for rows is the St. Louis Medical Society. It would almost appear that an effort is being made to acquire a national reputation in this respect. On Sunday morning we are regaled by columns of sensational accounts in the daily papers and, very often, a mere incident is magnified, interviews follow and a certain number of members acquire notoriety if not fame by this means. At least they have the more or less doubtful satisfaction of seeing their names paraded in the daily prints in connection with some incident which reflects anything but credit upon the medical profession in general and the Society in particular. They become familiar names, known to the readers of newspapers who are thus placed in a strange position to continue the hackneyed remarks about the disagreements of doctors.

The St. Louis Medical Society, as we have just remarked, seems to be well provided with a certain number of members who are pretty constant in their attendance and who appear to be continually "spoiling for a row." These gentlemen are very much in the condition of the Milesian at a ball who walked up to a stranger and said, "Oim dhrunk, am Oi?" "No, I don't think so," answered the other. "Thin Oim a loyer am Oi?" and with this he began beating the innocent victim. They are always dragging their coats behind them waiting for some one to step on the tails, inavertently or otherwise, and then they are ready for the fray. There need be no reason for the trouble, that is a matter of secondary importance. The principal consideration that is held in view is the prospect of a row, and the indulgence in this constitutes one of the most delightful pastimes of these turbulent members. Sometimes there is method in this apparent madness. Some unlucky wight who is myopic in his general survey of

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affairs permits himself to get entangled in one of these rows and then the originator of the trouble sees his opportunity, the goal of his desires. Forthwith the victim is entangled more and more until he can no longer extricate himself from the position in which he has forced himself and woe betide him, if his strength fail. The awful code is held up to him, threats of charges are made and he already sees in perspective the sinister countenances of the members of the committee on ethics.

We have been the witnesses of a number of rows fomented, developed, and nurtured in the St. Louis Medical Society. The causes were of the most trivial character and of such a nature as not to deserve a thought from a serious man. A few members have succeeded in introducing so much bitterness, so much truculent personality, and accompanied this by so little regard for the respect and feelings of others, as to lead to the formation of factions. These factions still exist and will continue to do so as long as there remain individuals to fan the flame of discontent; and create dissatisfaction; and foment quarrels. The members who do these things are sufficiently well known to serve as a warning to others not to mix in their quarrels. Unfortunately, there are so many who are anxious to spring into notoriety that they greedily snap at the bait and, in that manner, aid in prolonging a row, not on account of its merits, but for the more selfish purpose of furthering their ambitions.

To say that we are opposed to such methods is to put it very mildly. We are not only in the mood of discountenancing such displays, but had we the time we would very much like to read a lesson to those thoughtless individuals who permit themselves to be used as puppets in these farcical exhibitions. If a member is amenable to discipline for any infraction of the laws, he should be tried first, not condemned. If his conduct is such as to demand discipline, he should be given an opportunity of being heard and not villified and made the target of abuse before an examination into the merits of the case is made. It is an axiom that "two wrongs do not make one right," and that spirit of courtesy and forbearance as well as of justice and fairness, which should characterize the medical man above all others, can find no better application than in the halls of a medical society.

Looking upon things as they now exist, can any one wonder that St. Louis is regarded as the location of a medical arena wherein the bloodthirsty and ferocious are constantly walking the rounds and waiting until some puny victim separates from the flock. A pounce, a vicious crackling of bones or a desperate defence follow. Woe to the unprotected innocent if he have a strong antagonist. The result will be that which is always observed in such encounters.

In conclusion, we are free to state that this condition of affairs does not exist in St. Louis alone; it is merely accentuated in that city. Rows in medical societies like poverty and the grip are found everywhere and it is very probable that they are a necessity to the mental welfare of the profession. They may be a wise provision whose object is to stimulate the dormant and overtaxed nervous systems of overworked doctors. To our mind, however, it is a rather drastic method; and, if it be a form or amusement, the pleasure is certainly all on one side. Whatever may be the cause of this continuous squabbling, quarreling, and abuse it should certainly be eliminated and some other method adopted which will prove equally as exciting and not so destructive in the consequences which it entails.

Who Make the Opium Slaves? Asks the Maryland *Medical Journal* which goes on to say:

The excesses committed in the name of gynecology have often been held up to professional criticism in the medical periodicals. The demoralizing tendency in the case of unmarried women and girls of repeated local applications to the uterus; the rapid oscillation of gynecological doctrine from cervix-splitting to cervix suturing; the absurd anxiety shown to prop the uterus into an ideal posture; and finally, the iniquity and the cruelty of unnecessary castration, have been made the most of by "conservative family physicians."

Now, gaining courage and self-respect perhaps from the increasing skill and prudence shown in recent gynecological surgery, the gynecologist is beginning to hold up to the light some of the errors and crimes of the "conservative physician." If "gynecology" makes women sterile, "general practice" makes them opium-eaters. If the gynecological surgeon's memory is haunted by a stately procession of ghosts which precede him to premature graves, "conservative practitioner's" thoughful moments ought to be haunted by the mental vision of the array of opium slaves—"his making"—who, from ruined homes and out of the degradation of living perdition, follow with curses the man who taught them the opium habit. Are such charges ungrounded? Is the general prrctitioner reasonably careful in the use of opium for women's sufferings?

Study is not everything that is necessary for a successful practitioner according to Dr. Delos Walker (Kas. *Med. Jour.*). For, no matter how studious one may be, how retentive one's memory may be, how close and continued may be the application, how great the number of books devoured, still the student, if honest, will admit that he never comprehended what his profession was until he fully entered upon his course in a medical colledge. Now he comprehends, for the first time, the vastness of the field of learning he is in, his responsibilities, the possibilities for doing good, and the impossibilities of mastering the half that lies before and lures him on. He learns here for the first time where to acquire the needed knowledge, and how, as it were, to reach for it when needed. This is much—it constitutes one a scholar. So much knowledge as this renders one reasonably proficient and reliably safe. He cannot be so much of a scholar as this outside of the

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medical and surgical schools. Being learned enough to be safe, means that you can determine with care what ails your patient, and that you know what not to do. It does not necessarily follow that he who has pushed his investigations through the best schools of this or any land is a successful practitioner of medicine and surgery, for there is much in tact and adaptability; there is much in inherited capacities, in innate trends of mind.

Hospitals for Epileptics seem to be a desideratum at the present time according to the *Journal of the American Medical Association*. Efforts have been made in New York and Massachusetts to secure legislation which would differentiate unfortunates of this class from lunatics on the one hand. The commingling of epileptics with the insane is beneficial to neither class. The insane are injured by the excitement of viewing one of their companions in the throes of epileptic seizure; and the victims of the latter disorder during the period of release will often account themselves doubly aggrieved—first, by nature in their distressful malady, and secondly, by society in shutting them up as companions of the demented. Furthermore, the aimless and indolent life of the asylum is detrimental to many young epileptics, occupation being to them prophylactic and beneficial. It has been repeatedly demonstrated that an enforced idleness, in the case of an epileptic, formerly suitably employed, has appeared to aggravate his malady. We have all heard of the "Sunday epileptic," and the explanation has been accepted as plausible that on that day, the patient being unoccupied, the "discharge" of cortical nerve-energy vented itself aimlessly in a fit, rather than in an orderly manner by means of work, as on week days. The theoretical averment has been made that work will oftentimes (not always) operate as a "safety valve" when the cerebral instability is functional rather than "essential," or due to gross lesions. Apart from any theoretical or debatable proposition, very tangible proof comes to us from Germany respecting the benefits of a systematic care, training, and employment of these unfortunates.

Professional Manners—S. Weir Mitchell, M.D., in his interesting sketches entitled "Characteristics," now running in The Century, discusses entertainingly the manners of the doctors and their influence on his patient (*Med. Age.*). There is no place, he says, where good breeding has so sweet a chance as at the bedside. There are many substitutes, but the sick man is a shrewd detective, and, sooner or later, gets at the true man inside the doctor. There are men who possess cheap manufactured manners, adapted, as they believe, to the wants of the sick-room. According to the man and his temperament do these manners vary, and represent sympathetic cheerfulness or sympathetic gloom. They have their successes and their commercial value, and may be of such skillful make as to deceive for a time even clever women, which is saying a great deal for the manufacturer.

Then comes the rarer man who is naturally tender in his contact with the sick, and who is by good fortune full of educated tact. He has the dramatic quality of instinctive sympathy, and, above all, knows how to control it. If he has directness of character too, although he may make mistakes (as who does not?), he will be, on the whole, the best adviser for the sick, and the completeness of his value will depend upon mental qualities which he may or may not possess in large amount. But, over and above all this, there is some mystery in the way in which certain men refresh the patient with their presence. Every doctor who has this power—and sooner or later he is sure to know he has it—also learns that there are days when he has it not. It is in part a question of his own physical state; at times the virtue has gone out of him.

Trained Nurses are far from being abundant even in the large medical centres. The North Carolina *Medical Journal*, in speaking of the improvements being made in the Wilmington city hospital, makes several suggestions and states that from such a hospital should emanate the best principles of nursing, and no hospital fills the full measure of its usefulness until it is the center of the training of a supply of nurses for the whole section in which it is located. When it gets to be the fashion to leave bequests for charitable institutions, none will deserve more serious consideration of the willing rich, than to found a training school for nurses. There are gentle women a plenty who need occupation, who are suited to nursing by strength, healthfulness, grace and education, but who know not how to begin or where to go.

The Duties of Life Insurance Examiners are thus commented upon by Dr. Geo. L. Brown (*N. Y. Med. Ex.*):

Until quite recently applicants were received as a matter of charity, or fraternity, and without medical examination. But it very soon appeared that the losses were so heavy that the survivors could not and would not meet the necessary assessments. Good fellowship, mutual aid and sociability are well in their place, but will not, nor should they, make an applicant for insurance pay more for it than it is worth. It is becoming clear that the existence and prosperity of the associations depended almost entirely on the contingencies of health and life; physicians were called upon to make such examinations as should detect the diseased and unhealthy, and it has clearly appeared that their services are indispensable.

Their duties are delicate and important. A single mistake from careless or insufficient examination may cost the assessment payers thousands of dollars. And it must be confessed that such mistakes are not uncommon. That is but too clearly apparent from our mortuary tables. Among the causes of death of persons who

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have been, only a few months before the death occurs, accepted by the most skilful and careful physicians, we find consumption, organic diseases of the heart, cirrhosis of liver, uremic poisoning, diabetes, cancer of the various organs, cystitis, nephritis, Addison's disease, etc. Great injustice has been done, and daily is done, to the associations and companies, and to applicants, by the hurried and insufficient manner in which examinations are made. That such should be the case is doubtless a reproach to our profession, but we think the responsibility for it lies principally upon the management of the companies. Much too often they are willing neither to pay a fair price for the thorough examination of applicants, nor afford suitable opportunities and facilities for making it.

Accident Life Insurance should certainly be patronized by physicians. The *American Lancet* very pertinently observes that physicians, as a class, drive and ride more than any other professional persons. In fact, the lives of most physicians are practically spent in their carriages. The amount of office work occupies but a very small portion of the time of the general practitioner. During these hours spent in carriages they are liable to accident owing to the behavior of their own teams, by which they are run away with, thrown from the carriage, etc. Besides, they are liable to injuries from the breakage of their own carriages. This was the cause of several of the injuries to Detroit physicians in the list alluded to. Outside of this, physicians are exposed to the injuries inflicted by the bad or reckless driving of persons driving other teams. The injuries done by such persons are numerous, and physicians receive their full share of them. Physicians constantly run the risk of being poisoned while attending obstetrical cases and while performing numerous operations. They are liable to infection from numerous diseases. So in many other ways they are especially exposed to accidents which even the greatest care is unable always to guard against.

Perhaps the strongest reason why physicians are wise in carrying accidental life insurance is that their incomes absolutely cease with their inability to work. Hence, if by the insurance they are able to secure a little income during their disability, they will suffer less from the loss of regular income.

Advertising Quacks have various devices by which to get the money to pay for their ads. One of the methods, says a cotemporary, by which the advertising quack finds funds to pay for the "write-ups" in the daily papers seems destined to destruction by a recent decision of a Missouri court. "Dr." H. A. Eberle was employed by a man (who was credulous as to the medical genius of newspaper advertisers) to attend his wife and daughter during their illness, on a contract whereby Eberle agreed to cure the patients for the sum of $100; in the event of a failure, he was to receive nothing. After waiting on the patients some time, Eberle gave up the case. but sold the contract to a man who brought suit thereon. The lower court decided against the plaintiff who thereupon appealed to the Court of Appeals. This has just decided against the validity of the contract note. Such notes will doubtless hereafter be looked upon askance by the "shavers" and the sinews of war for "write-up" advertisements will not be so readily forthcoming.

Hereditary Mutilations.—Since the publication of Weismann's essays the subject of inherited mutilations has attracted renewed interest (*Med. Rec.*). Attention is called to the fact that this matter has only an indirect bearing, for a mutilation is something impressed upon the organism from without; it is not truly "acquired;" the loss of a part by accident produces a sudden but a less profound internal modification of the organism than the loss of a part by degeneration. Most of the results are negative; many of the so called "certain" cases prove upon investigation to be mere coincidences. Weismann himself experimented upon white mice, and showed that nine hundred and one young were produced by five generations of artificially mutilated parents, and yet there was not a single example of a rudimentary tail or of any other abnormality in this organ. The cases of cleft ear lobule have recently been summed up. Israel reports two cases of clefts in which the parent's ears were normal. Schmidt and Ornstein report affirmative cases. His shows that an affirmative case, cited by V. Zwiecki, is merely an inherited peculiarity. The entire evidence is unsatisfactory, and, upon the whole, is decidedly negative.

Not so, however, in cases where the mutilation results in a general disturbance of the normal functions of different organs, as in the experiments conducted by Brown-Sequard upon guinea-pigs, in which we see "acquired variation" intensified. In these, abnormal degeneration of the toes, muscular atrophy of the thigh, epilepsy, exophthalmia, etc., appeared in the descendants of animals in which the spinal cord or sciatic nerve had been severed, or portions of the brain removed. It was also shown that the female is more apt to transmit morbid states than the male; that the inheritance of these injuries may pass over one generation and reappear in the second, that the transmission by heredity of these pathological results may continue for five or six generations, when the normal structure of the organs reappears. These cases, which are incontestable, at first sight appear to establish firmly the transmission of acquired characters; they were so regarded by Brown-Sequard. These lesions act directly upon the organs, and the abnormal growth in these organs appears to be transmitted. But can they not be interpreted in another way, namely, that the pathological condition of the nerve-centers has induced a direct disturbance in those portions of the germ-cells which represent and will develop into the corresponding organs of the future offspring?

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Emphysema in Phthisis.—T. O'Connell Redmond writes a case as follows (*Brit. Med. Jour.*): Some weeks since I had a young man, aged about 18, under my care. He was far advanced in phthisis, and had all the usual constitutional and local symptoms. The cough was slight, and had never been very distressing.

Being hurriedly summoned to see him one evening (I had seen him that morning and found him in his usual weakly condition, but without complication). I discovered that air had escaped into the loose subcutaneous tissues of the neck. The swelling gradually increased, and invaded the chest and back, bulging them out to a great extent, traveling down the trunk and into the scrotum. The crackling could also be easily felt along the inner side of the thighs as far as the knees, and along the arms and forearms to the wrists.

I punctured the neck, chest, and back where air was tensest, but with little or no relief. The breathing became much embarrassed. He complained of the "muffler"-like cushion of air around his throat—that it was choking him. He fought and gasped for breath. Cyanosis soon became well marked, and he died in about thirty-six hours.

I suppose in this case that the air escaped into the posterior mediastinum, and from here found its way, as described by Hilton, through the cervical fascia into the neck. From thence its course would be unimpeded into the trunk generally, and along the sheaths of the nerves and vessels of the limbs.

It appears to me that the case is interesting as one of general emphysema, and worthy of record for the following reasons: There was no violent fit of coughing or straining of any kind preceding the appearance of the air; the patient was lying at ease in bed; and there was nothing in the physical examination of the lung to point to such a rapidly fatal complication.

Anatomy of Suicide.—In a lecture on this subject delivered at London, Dr. W. B. Richardson said (*American Lancet*) that climate seemed to have very little influence, while season made a marked difference. Summer showed most suicides, and winter fewest, the maximum being attained in the latter part of June and the minimum in February. With regard to religion, Protestants stood far above other sects, as shown by figures taken from the year 1849 to 1884. Then, as to education, it was a strange fact that suicide ran with education in all countries where facts had been collected. All occupations of a competitive character, inducing excitement, increased suicides, which were also frequent just after the war. France showed that wealth and competency did not prevent suicide. Women more often committed suicide on Sundays and men on other days. As to age, males generally averaged from 30 to 40, and females from 20 to 30. Late in life the tendency passed away. The nervous and lymphatic temperaments were most disposed to suicide. Widowers were more prone to it than widows. Then as to causes. There were the insane, those who killed themselves in a delirium, the melancholic, those who desired to die, the monomaniacs, others with a maniacal impulse, while heredity was a strong predisposing cause sometimes. Then there were the sane suicides, who showed no insanity, who were carried away by a sudden impulse, or made a deliberate choice of evils, or who, belonging to the pessimist school, argued that they had a right to end their lives if they chose. Among determining causes were alcoholic excitement, religious doubts, and a variety of others. The best remedies were temperate life in all departments, abstention from distracting dogmas, and moderation in the scramble for education.

Nervous Symptoms of Gout.—Charles W. Dulles, among other things, says (*Med. News*): One of the most important manifestations of obscure gout is neuralgia. There is hardly a writer on gout who fails to call attention to this feature of the disease, and yet I believe it is by no means properly appreciated. The neuralgia of gout may affect any region that an ordinary neuralgia may invade, and may easily be misinterpreted. This is especially true of the sciatic region; so that what is only a manifestation of gout may be called sciatica. One feature of such cases that may be noted is the fact that the neuralgia of gout appears in various places at the same or at different times. The ham, the calves of the legs, the loin, the side of the chest, the arm, and the area of distribution of the fifth pair of nerves, may be the seat of severe and even agonizing pain; and this very shifting of location ought to warn the physician to carefully considered the possibility that gout is the cause of the phenomena.

Other manifestations of gout in the nervous system are vertigo, loss of consciousness, and even epileptiform convulsions. These are rarely of a very pronounced character, but Garrod mentions one case under his observation, and one of the cases I have described presented this group of symptoms. The relation of gout to this and other forms of cerebral disturbance is not yet clearly defined, and it would probably be useful for men of large experience to study their cases with especial reference to this relation. In my practice I have observed that in some subjects gout has a peculiarly depressing influence, so that they are easily disheartened, and lack vigor of will. Laycock has called attention to the influence of gout in producing hysteria, and many authors connect it with hypochondriasis. Dyce Duckworth has been so impressed with the nerv-

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ous features of gout that he defends the hypothesis that gout is a neurosis. He also speaks of the occurrence in gout of violent pains in the muscles—as, for example, cramps in the legs.

Keratitis Bullosa.—According to Dr. J. Elliott Colburn (*Jour. Am. Med. Ass'n.*), keratitis bullosa, or inflammatory vesicle, occurs in eyes suffering from lowered nutrition, most frequently intercurring with glaucoma, chronic iritis, irido-cyclitis, or chronic non-suppurative pan-ophthalmitis. The first symptoms are peri-corneal flushing, photophobia, sharp pain followed, in a few hours, by the sensation of a foreign body in the eye, which is aggravated by every movement of the lids and attempts to close the eye. Accompanying these symptoms there may supra orbital pain, and tenderness over the frontal region, and great general disturbance. After a few hours, the tension of the globe becomes markedly increased, the pain lessens and the cornea becomes more or less insensible to the movement of the lids or to the touch. The rupture of the capsule occurs spontaneously from the pressure of the lids and the rubbing of the fingers. In the interval which now occurs between the formation of the second bulla, there is a return of sensation, slight photophobia, lower tension—even much below normal, the margin of the bulla is outlined by a slight elevation fringed by the ragged and shrunken walls of the ruptured vesicle. When the vesicle is preparing to return promptly, before there has been complete repair extending over the area covered by the bulla, it will frequently be observed that the center gives an opalescent reflection. This occurs before there has been sufficient time to cover the space with normal epithelium, or obliterate the ragged edges of the vesicle.

According to Schmidt-Rimpler, the contents of the vesicle may at times be tinted with blood, but from my observation this takes place in very chronic cases where there has been much vascularity of the cornea in the region of the vesicle, and I am not sure that the tinting with blood is not due to the rupture of vessels in the pellicle.

Arlt says that "The walls of the vesicle do not consist, as was formerly believed, of Bowman's membrane and the epithelial layer, nor of the latter alone, but of a new layer of tissue inserted between the two, and of proliferating cells." This condition would seem to explain the apparently firm boundary of the vesicle, and the impossibility of dissecting up the cornea, by pressure and manipulation. Each new vesicle is an independent structure, for there is scarcely time in the interval, for the renewal of the epithelial layer already destroyed.

Alcoholism and Tuberculosis.—Dr. Hector W. G. Mackenzie,, writes as follows (*Brit. Med. Jour.*): From the histories given by patients, and from the evidence afforded by post mortem examinations, the conclusion has been forced upon me that tubercle is more common among the alcoholic than is generally believed. I have collected from the post-mortem records of St. Thomas's Hospital for the past thirteen years 75 fatal cases of tuberculosis in which there was a strong history of alcoholism; in only 10 of these was there any history of phthisis in the family; in 46, or in over 60 per cent, the liver was cirrhotic. These cases by no means include all the intemperate who died with tubercle. In a considerable additional number of other cases of tuberculosis there was a strong suspicion of alcoholism. All doubtful cases, however, have been purposely omitted. In 4 cases tubercle affected the peritoneum alone, in 1 case the pleura alone, and in 3 cases the peritoneum and pleura alone. In the remaining 67 cases the lungs were affected; in 47 of the latter there were vomicæ. In many of these the vomicæ were small and multiple, it being rather the exception to find a case of considerable excavation. In 29 there was broncho pneumonic consolidation; in 12 there was increase of connective tissue; in 43 there was grey tubercle present; in 19 there was caseous tubercle, the two varieties being both present in 11 cases. There was also tuberculous ulceration of the intestines in 21, of the larynx in 13, tubercle of the pleura in 5, tubercle of the peritoneum in 12, of the meninges in 5, of the kidneys in 8, of the spleen in 4.

It may be concluded from these facts that the commoner type of alcoholic phthisis is a combination of excavation with broncho-pneumonic consolidation, and that there is usually a considerable deposit of grey tubercle present in the lung. The fibroid change is the rarer form, occuring in only 12 out 67 cases. In a large proportion there was tubercle dresent in other organs. The peritoneum was affected in a total of 19 cases. Fifty-nine of the cases were males, 16 were females a ratio of about 4 to 1.

As regards the ages of these patients, they were in 12 cases over 20 years of age and under 30, 25 cases over 30 and under 40, 25 cases over 40 and under 50, 7 cases between 50 and 60, and 5 between 60 and 70. In the remaining case the age was 73. The reason for the number of cases being greater in middle life than in early adult life is probably becauses alcoholism is more frequent at that period than at an earlier one, and also because the longer the habit is indulged in the more susceptible the patient becomes.

The duration of symptoms in the 29 cases uncomplicated with cirrhosis was doubtful in 13, six months or less in 13, sixteen months, eighteen months and three years respectively in the remainder, giving an average duration much below the average.

Action of Vagus on the Heart.—Drs. C. S. Roy and J. O. Adami have made a careful study of the mammalian heart (*Lancet*). They say: Studying the action of the vagus upon the heart, we find that excitation of this nerve slows and weakens or stops the auricular contractions, and this weakening or arrest is a potent in factor bringing about the increased systemic and pulmonary venous pressure and in modifying the action

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of the ventricles. Up to a certain point the ventricles tend to follow the "sinus" rythm, and to this extent vagus slowing of the auricles induces ventricular slowing. But when the vagus excitations reaches a certain degree (varying in different animals), the ventricles begin to beat independently of the sinus and auricles; and this rhythm, which is at first slow and irregular, gradually becomes fairly rapid and almost completely regular. This rhythm, we show, must be looked upon as the same as that which, as Wooldridge and Tigerstedt observed, makes its appearance when the ventricles are severed from the auricles. We point out, however, that the independent ventricular rhythm of vagus action is characterized by the slowness with which it establishes itself. This characteristic is due to the lowering of the excitability of the ventricles produced by vagus action, and we adduce a considerable number of factf showing that the vagus does lower the excitability or the ventricles, and that, by means of muscarin and by discontinuous stimulation of the vagus, it is possible to isolate the influence of the vagus on the rhythm and force of the auricles from its influence upon the excitability of the ventricles. The power of the vagus to stop the ventricles temporarily can only be explained by this diminution of their excitability. We show that, with a certain degree of vagus excitation, irregularity of the ventricles necessarily results, in consequence of the sinus and the idio-ventricular rhythms interfering with one another; that this is the common cause of irregularity; and that irregularity may also be caused by the auricles not responding to all the impulses which reach them from the sinus.

Cure of Stricture.—The following simple procedure is claimed by Dr. Wm. H. Dukeman (*Occ. Med. Times*) to be successful. It is in brief as follows: For a few days beforehand he has the patient wash out the urethra thoroughly with a weak antiseptic solution. If the meatus is abnormally small, he applies cocaine and then divides it to normal, which is determined by comparative measurements. The urethra is then carefully examined for strictures, and their location and caliber noted. Having waited two or three days for the meatus to heal, under cocaine—or, where this disagrees, ether is administered—he divides the stricture or strictures with a dilating urethrotome, Otis' or Rogers', and immediately thoroughly irrigates the urethra with a cold antiseptic solution; puts the patient to bed for 24 hours, and keeps him under the influence of quinine, and uses cold applications locally for about 12 hours. In all his cases within the past five years he has yet to see a patient with urethral fever, or to be compelled to confine him to bed longer than two days. Some patients where the operation was very slight immediately went about their business. By the use of cocaine as an anesthetic the patient can watch the operation and oftentimes assist, as he experiences no pain whatever. By the thorough irrigation of the urethra, with the use of cold applications, and keeping the patient perfectly quiet, he has never met with severe hemorrhage; and he no longer expects it, unless an abnormally located artery should be divided. He does not pass sounds until after the first week, and then a few times only at intervals of three or four days or a week. The time taken to cure the patient is very materially lessened, and instead of three, six or twelve months, it can be accomplished in as many weeks.

Forced Extension in Tabes Dorsalis.—Yet another violent method of treatment has been proposed for tabes dorsalis. The originator is an Italian surgeon, Pietro Bonuzzi, and the plan has been tried by him and also by Dr. Benedikt, of Vienna. It consists in applying forced extension to the spinal column, and has the advantage of requiring no special apparatus, as did the other mechanical treatment—namely, suspension. All that is necessary is to seize the feet with a towel, and carry them forward so that the knees touch the patient's forehead, the head being raised by a cushion. Bonuzzi has found that by this method an elongation of the cord is produced which is from three to four times as great as that effected by suspension, and claims that the effects are correspondingly more brilliant. Patients who, before treatment, could neither walk nor stand steadily, could afterwards take long walks and stand easily with their eyes closed. Great caution appears, however, to be necessary, for Benedikt reports rachialgia, swelling of the thighs, and muscular hemorrhages in some cases after treatment, and, in one instance, fainting and a general adynamic condition with vomiting, which lasted several days.

Embolism of Femoral Artery Complicating Typhoid.—The following rare case is described by Dr. W. R. Cushing (*Va. Med. Mo.*): The case, occurring in February, 1891, and death resulting late in April, was that of a young colored woman about 28 years of age. Her husband had been ill for several weeks with typhoid fever, and she had been his nurse. The case with her seemed to be rather mild in type—the continued fever, day after day, loss of appetite, and prostration, being the main features. There was a constipated tendency most of the time, and but little, if any, tympanites. There was nothing that demanded special attention until about the second or third week, when her mother told me that since the day before her left leg had been very painful, and it was then cold and clammy. That morning I found there was unusual depression, especially of circulation; a slow, weak pulse, and subnormal temperature. As regards the leg, it was cold and pulseless. The pulse could be felt in the groin, but not below the origin of the profunda, as nearly as I could locate it. After-history showed conclusively that the obstruction occurred at that point, entirely occluding the main femoral, and partially closing the profunda. Of course I applied artificial heat, gave musk, morphia, etc., but there was no reaction whatever in the limb; collateral circulation was not sufficient to sustain

the parts at all below the knee. As a result, gangrene followed; a line of demarcation formed posteriorly a little above the knee-joint, and anteriorly extending almost to the upper third of the thigh. It ran its regular course; sloughing finally took place, and after nearly two months (at least six weeks) a diarrhea set in, and she died of exhaustion.

There was nothing discovered in the case to explain positively the cause of the embolism.

Plaster-of-Paris Formula.—The following is from the *Am. Drug.:*

1. To make plaster set hard.—Mix best plaster-of-Paris with about 10 per cent. (more or less, according to effect ascertained by preliminary experiment) of very finely powded marble (calcium carbonate). Or add to it about 6 per cent. of powdered alum, or about the same amount of ammonium chloride, before mixing with water.

2. To make plaster set slower.—Mix it with 2 to 4 per cent. of powdered althea root before adding the water. This not only retards the hardening of the plaster, but also enables it to be cut, filed, sawed and turned.

An addition of 8 per cent. of althea powder retards the complete setting of the plaster for about one hour, so that the mass can be used for any purpose where it is to remain plastic during at least a portion of that time.

Neurasthenia.—Dr. Wm. Dodge says (*Southern Cal. Pract.*) that as to the class of patients affected, we find them as various and unlike as the manifestations of the malady itself. The high and the low, the rich and the poor, are alike its victims. The rich and elegantly attired lady, who, as you see her in society or "made up" for the opera, appears not to have a care in the world, but who, spending her nights in dissipation and all spare moments racking her brain in the selection of some new style of dress or how she may outshine her neighbor at an approaching tea or German, is, alike with her less fortunate sister the humble housewife (whose every moment is occupied in laboring and caring for her numerous little ones, whose ever increasing wants and necessities are proportionately beyond her means, with her continual worry of mind and body, troubled with all the vague pains, neuralgias, headaches, backaches, general lassitude, etc., in the category), a subject of neurasthenia; and should they or either of them fall into the hands of the average gynecologist, who directs his attention to the much-abused uterus and its appendages, she would, no doubt, as Playfair expresses it, have pessary in the brain, and still continue to suffer and grow worse; until the one, with her constant and continual nervous tension, coupled with the exposure, loss of proper rest, etc., that go with her mode of living, break down entirely, become a mental or physical wreck—or, as he witnessed in one instance, develops a latent or hereditary tuberculosis which ends the scene; or, in the other case, our woman becomes thin and pale, loses her appetite, her duties as a mother become a greater burden to her, uterine complications if not already existing develop, together with dyspepsia, palpitation and other functional troubles—she also goes down until she is a burden to herself and family, or as is frequently the case ends her days in an insane asylum.

The teachers in our public schools are especially prone to suffer from neurasthenia; particularly of our larger cities, where the system of cramming and daily written examinations are in vogue, and where school boards are political bodies and the teacher—matters not how efficient she may be—in addition to the mental strain of excessive work, lives in mortal terror from the beginning of the school year to its end lest she may displease some one in authority, who may bring in a "for cause" excuse, or lest she may be dropped for want of political influence sufficient to secure her re-election.

Aconite for Scorpion Sting.—A contributor to an exchange from Durango, Mexico, says that formerly about one-half of the children in the city died from the sting of the scorpion, but now nearly all the lives are saved, if taken in time, by the use of the strong tincture of aconite, of which five or six drops are put in a tumbler half-full of water, and a teaspoonful given at frequent intervals.

Tooth Brush for Children.—Dr. J. Mount Bleyer states (*Arch. for Ped.*) that there exists in the human mouth such bacteria that produce malignant forms of disease is now proved beyond a doubt. These bacteria may remain there latent until such a cause presents itself for cultivating in a medium suitable for their existence, as, for instance, in the drawing of a tooth, where a fresh wound is left, and also the fact that it has proved dangerous to scratch one's finger on a sharp tooth in an unclean mouth, etc.

Now, how should we prevent these bacteria and micro-organisms from developing? What is the course to be pursued? Above all, every carious tooth must either be sealed by a filling or extracted. Diseased tissues, such as enlarged tonsils, catarrhal affections, post nasal vegetations, etc., should be attended to. The tooth-brush, above everything, must be used vigorously by all children and adults after each meal. These are the first rules to be observed. In order to destroy these organisms, a powerful antiseptic must be used, and such a one must be strong enough and possess a non-poisonous quality; also by its use be able to destroy these organisms which breed in the mouth. We know that children always swallow some of the liquids used during the act of either gargling, rinsing or douching of the mouth.

Foreign Bodies in Patients.—Dr. Joseph D. Craig gives a case in his experience (*Med. and Surg. Rep.*):

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The body of this woman being unclaimed was duly received at the Albany Medical Colledge early in June, was embalmed and preserved for dissection. On November 30, dissection was begun and about two weeks later the following articles, 120 in number, were found collected together partly at the pyloric end of the stomach and partly in the ascending portion of the duoduenum:

1. Fifty-one pins.
2. Sixteen needles, (whole or part).
3. Three darning needles.
4. Thirty-two nails varying in length from a half inch to three inches.
5. Two screws, one of them 2½ inches long.
6. Three pieces of iron, 3½ x ¼ inch.
7. Two rolls of hair.
8. Two pieces of wood.
9. Three pieces of cloth, each 5 x 1 inch.
10. Six hair pins.

He mentions three other cases as follows:

The first case is taken from the records of one of the State hospitals for the insane. This patient was also a woman from whose neck and abdomen were removed eleven hair pins, nineteen pins and one needle. Nothing could be ascertained in regard to the manner in which these substnnces were introduced into her body as she could not be induced to make any statement regarding them.

The second case was reported by Dr. Judson B. Andrews in the *American Journal of Insanity* for July, 1872.

Two hundred and eighty-six needles were taken from the body during life, three were passed from the rectum during sickness, and eleven were taken from the tissues after death. Of the number, 300 in all 246, were whole and 54 parts of needles. Of the 300, 170 were found in the breasts, 60 in the abdominal wall, 20 in the genitals, 30 in the thighs and legs, and 20 in the back.

The third case was reported by Dr. Bastian, of London, at a meeting of the Clinical Society of London, held on December 14, 1891. The brief history is as follows: Eighty-six needles and one pin were removed from a body of a woman, an inmate at that time of the work-house at Guisborough, England. Fourteen needles were still to be felt in different parts of the body, and some the needles extracted were from 3½ to 3¾ inches in length. The patient was fifty-five years of age, and had suffered from epilepsy from childhood.

Emulsio Olei Morrhuæ.—The following formula is suggested by Oliver Stout (*Am. Jour. Pharm.*) for preparing an emulsion containing 50 vol. per cent. of cod-liver oil: Triturate 1 ʒ of glyconin with 2 ʒ of cod-liver oil, gradually added, until emulsified; dissolve 60 grains of ammoniated glycyrrhizin in water, and add this solution gradually, followed by water, to the emulsion until four fluidounces are obtained. The glycyrrhizin masks the taste of the oil without any further addition. Hypophosphites may be added with the water.

Compression of the Carotid for Convulsions.—Dr. Leopold Roheim, of Budapesth, Hungary, treats convulsions of all kinds (*Med. World*) by compressing the carotid artery with the index and second fingers, between the larynx and the sterno-cleido mastoid muscle, backward toward the spine, as recommended by Trousseau and Blaud. The compression is maintained until the convulsions cease, and is again employed if slight seizures recur, until they are finally completely subdued. He explains the results by considering that the sympathetic nerve fibres, lying in close relation to the artery, are compressed with it, thus allaying the excitability of the brain.

Treatment of Diphtheria.—The *Med. Summary* says that in view of all the nonsensical prattle which we hear about this formidable disease, it is suggested that we have two remedies which, in ordinary cases, promise to fulfil the demands of the conditions present, and if the following directions can be carrjed out faithfully we shall hear of a marked reduction in the mortality. As an anti-toxic no remedy promises so much as mercury biniodide. It should be given in small doses in the form of a solution; a child five years of age can take 1-25 of a grain in the twenty-four hours, dissolved in two ounces of water, a teaspoonful being given at intervals of one hour. As an anti biotic we have the peroxide of hydogen (Marchand's), which should be diluted with an equal part of water, and used frequently as a spray for the nose and throat. In the form of a solution, one part to nine of water, it can be given freely internally and used as a mouth-wash. The advantages are that both remedies, in the doses recommended, are absolutely harmless, but above all, they are efficient when used with intelligence and care. By their persistent use we not only strike at the causation of the disease, but we overcome the effects of the poison in the system, and with appropriate diet and hygiene the formidable character of the disease will vanish. These recommendations are warranted by theoretical considerations and demonstrated by clinical experience.

Poulticing.—Dr. T. L. McDonald says in reference to this (*South. Jour. Hom.*) that poulticing, as a surgical measure, is fast losing its popularity. As a domestic procedure it is often productive of bad results, as shown by the soggy and deadened condition of the tissues to which the poultices have been applied. Heat and moisture encourage fermentation, absorption, and re-infection; perhaps, by the same influences, causing the original damage. The relaxation and relief of pain is accomplished to the detriment of the peri-tissues. The application of poultices, as ordinarily carried out in cases of septic and inflamed wounds and suppurations, is not only devitalizing, but is violently opposed to aseptic instincts; and when operation becomes necessary through such tissues the surgeon can scarcely expect the most kindly healing. All the good that the lay mind attributes to poulticing (without any of its evil

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effects) can be accomplished by hot irrigation with some antiseptic solution, or by compresses soaked in the same and laid upon the affected part. This relaxes, at the same time sterilizes, and prevents the further invasion by septic influences.

Simultaneous Ligature of Carotid and Subclavian Arteries.—On the 22nd. ult. Mr. Mackellar ligated simultaneously the carotid and subclavian arteries in a case of probable innominate aneurysm at St. Thomas's Hospital (*Lancet*). The patient, a man aged thirty-four, a constable of the Metropolitan Police, who had been in earlier years a professional runner and afterwards served in the cavalry, felt the aneurysm a month before he came under treatment in the hospital. A special point in the case is that he had undergone ligature of the superficial femoral artery on each side for popliteal aneurysms. The first operation was performed more than four years ago, the second about two and a half years since, and he carried on his duty as a constable until the appearance of the aneurysm for which he is now under care. Since the ligature of the femorals (also by Mr. Mackellar) he has done work in the mounted branch of the service. It is possible that a fall when on duty in November, when his horse fell with him and injured his chest, has had something to do with the causation of the aneurysm for which the recent operation has been rendered necessary. Up to the present, progress has been most satisfactory, the aneurysmal swelling is diminished in size, and the pulsation is considerably less.

Glanders and Farcy.—Says the *British Medical Journal*: The pathology of glanders and farcy is now so well known, and their absolute identity recognised, that it is most surprising to find in the Act a distinction in the mode of dealing with what are but different manifestations of the same virus. There can be no question that a horse affected with so-called farcy may be the means of inducing the so-called glanders in healthy horses, and the converse, and yet we find the authorities have power only to slaughter animals "affected with glanders," while those affected with "farcy" may remain alive to maintain and spread the contagion. Further, it may be noticed that in cases where glanders is known to exist, twenty-one days may elapse after a special report by the veterinary inspector declaring the animal affected, before slaughter can be legally enforced. This delay is dangerous and unnecessary.

Rickets a Parasitic Disease.—To the list of ills to which our humanity is the inevitable but unwilling heir owning a microbic origin must, according to Mercoli, now be added rickets. This observer has already, he submits, in a series of anterior researches, traced sciatica, chorea, and hydrocephalus to their microbic sources. Continuing his investigations in the cases of children dead of hydrocephalus and rickets, he confirmed his previous conclusions, and has, moreover, he affirms, succeeded, after examining and submitting to bacteriological methods the costal nodes peculiar to rickets, in obtaining pure cultures of a specific microbe. In adults, according to this observer, the micro-organism of rickets produces merely local symptoms; but, in the case of young children unaccustomed to the presence of these microbes, the affection is at first general, finally localising itself where functional and formative activity is most intense—viz., in the osseous and nervous systems.

Malted Milk.—Nutritious articles are certainly valuable among the therapeutical measures employed by physicians. We are informed that many physicians are using Malted Milk themselves, as it makes a highly nutritious drink. It can be kept always on hand for cases of emergency such as night calls or long drives. It is said to be just the diet to use in typhoid, la grippe and in all wasting diseases. A sample will be sent to any physician for trial on application to Malted Milk Co., Racine, Wis., and by trying it each one may judge for himself as to its value.

The Water-Bed for Heat-Reduction.—Dr. H. C. Wood suggests the above (*Univ. Med. Mag.*) in the following terms: The success which I have had in heating the body with this contrivance suggests that the water-bed may also be used instead of the cold bath for reducing temperature. All that would be necessary would be to have the water-bed supplied with two nozzles, instead of the ordinary aperture, and an india-rubber tubing or hose fastened to each nozzle, connecting the one with the spigot, the other with the outlet of the neighboring bathtub or stationary washstand. In this way, without labor or trouble, water of a constant tempdrature of 40° to 50° F., at least in winter, could be kept in the bed, and it would be very easy to run the water through ice if it were necessary to get further lowering of the temperature. I have not tried this method of cooling the body; but my present hospital practice not affording me much opportunity to study typhoid or other fevers, I venture to call the attention of the profession to the matter.

Hemoptysis.—At a recent meeting of the Detroit Library and Medical Association (*Phys. and Surg.*) Dr. T. Flinterman stated that hemoptysis is mostly caused by tuberculosis and any hemoptysis will point to a patient who is or will become tuberculous. Syphilis and nervous causes will sometimes produce hemoptysis. Brown-Sequard has produced hemoptysis from wounding certain regions of the brain. Examination of the sputa is very important in these cases because physical examinations alone will often not be sufficient to make our diagnosis, and it is made sure by microscopic examination and it should not be left out any more. Hemoptysis is an affection which is trying on our resources and sometimes the blood lost is enormous.

Treatment.—Hypodermic injection of morphine is

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the best and a very large dose must be given. Enough must be given to keep the circulation and the patient very quiet. He would be afraid to give digitalis because it makes the heart very energetic though quieter and may remove the clot. He has had no experience with ergot by hypodermic injection and would hesitate to use it. Local application of ice-bags often fail, and some recommend hot applications on the chest walls, and when all other remedies fail for eight weeks in a case of relapsing hemoptysis hot applications work a cure. High altitude causes a change in the capillary circulation of the periphery and this produces a good effect on the hemoptysis. Blood tumors of the vocal cords will sometimes cause hemoptysis. Bleeding from the trachea and vocal cords is not so bad in its prognosis. If tuberculosis can be excluded the prognosis in hemoptysis will be good.

Gestures in Infantile Diseases.—Dr. E. Curtis Hill very pertinently observes (Denver *Medical Times*) that gestures are of considerable value in infantile diagnosis, being nothing less than the sign language of those too young to speak their troubles. In brain diseases the baby puts its hand to the rolling head, pulls the hair, beats the air and buries its face in the pillow. It picks idly at the bed clothing in abdominal complaints. It tears at the throat and puts the hand into the mouth during dyspnea, especially when false membranes are forming, or if the tongue is much furred. In headache the eyebrows contract, the eyes and face are turned from the light and from loud noises. The frequent holding of the hand to the ear or pressing the head against the mother's breast, indicates otalgia. Putting the hand to the mouth frequently and fretfully points to stomatitis, gingivitis, pharyngitis or laryngitis. Rubbing or pressing the nose often may be due to worms or intestinal irritation, or what is more likely, coryza and headache. Repeated forcible rubbing and striking the nose is often a symptom of grave cerebral disease and sometimes precedes convulsions.

Dietetic Value of Pineapple Juice.—Some time ago the late Dr. V. Marcano, of Venezuela, noted (*Med. Age*) that pineapple juice contained a proteid digesting substance. Recently, Prof. R. H. Chittenden, assisted by Messrs. E. P. Joslin and F. S. Meara, have investigated the matter fully, and announce facts which are likely to give to the succulent pineapple a prominent place in dietetics.

Pineapple juice is an acid fluid of specific gravity of 1.043. An ordinary pineapple yields 600 to 800 cubic centimetres of it. The proteid-digesting power is quite remarkable in its intensity. Three ounces of the juice will dissolve ten or fifteen grains of dried albumen in four hours. The action takes place in acid, neutral, or even alkaline media, thus resembling trypsin more than pepsin. It acts best in neutral solutions. The pineapple juice contains also a milkcurdling ferment.

Springfield, Ill., Letter.

Editor MEDICAL REVIEW.—

PUERPERAL ECLAMPSIA.—Synopsis of paper read at the Capital District Medical Society, by Dr. W. M. Catto, of Decatur.

The doctor commended his paper by saying puerperal eclampsia is a complication arising either before, during, or shortly after parturition, in which the faculties are suspended, and is characterized by a series of convulsive fits, of an epileptoid character separated by intervals of varied duration: the convulsions being almost, if not always preceded, accompanied or followed by an albuminous condition of the urine of greater or less intensity.

He then went on to say, it may terminate in three ways, complete recovery, death during convulsion or from exhaustion, or in incomplete recovery, as when the patient has puerperal mania or chronic nephritis.

Fortunately puerperal eclampsia is an affection of comparative infrequency, and yet any of us may meet with it in our next labor case, and there is no disease in which an early and full recognition of premonitory symptoms is of greater importance, nor any requiring more prompt and vigorous treatment.

Statistics as to frequency differ widely. Carpenter claims it happens 1 in 354 confinements; Schroeder, 1 in 500; Parvin, 1 in 250; Earle (Chicago), 1 in 100.

The writer has attended 820 confinements and has had 7 cases or 1 in 117 labors. Descriptions of cases are as follows:

CASE 1.—Mrs. I. T., aged 36, mother of five children, youngest 6 years old. When called found her in violent convulsions with scarcely any interval; labor was just commencing, os rigid. Treatment, bled sparingly; used chloroform to complete anesthesia; gave ergot hypodermically; attempted manual dilatation; labor progressed steadily, and as soon as possible applied forceps and delivered a living male child six hours after being called. Convulsions continued. The woman remained unconscious and died seven hours after delivery.

CASE 2.—Mrs. G——, aged 29, married six years; first pregnancy. At about the eighth month was called, and found her complaining of severe headache, dizziness, nausea and dimness of vision; face was puffed and limbs swollen; urine was loaded with albumen. Bowels very constipated. Ordered cathartics and diuretics. Was called again the following morning and found her just recovering from a convulsion, this was soon fol-

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lowed by another. Treatment, immediately bled until lips became pale "and the pulse fluttered." Gave tablespoonful doses of salts and cream tartar every two hours. There being no signs of labor I gave liquid ext. of ergot in fifteen-drop doses every hour till labor began, and pains became regular and severe; now stopped ergot, punctured membranes, and dilated as rapidly as possible although patient continued partially unconscious, she was delivered naturally the following morning of a living child, weighing 2½ pounds which lived five or six months. The mother made a good recovery.

Case 3.—Mrs. I. F——, aged 28; fourth pregnancy; had chorea six months before and for one year after the birth of the first child, but had fully recovered and borne two more healthy children. Was called about the 7th month, her husband saying she had fainted. Found her suffering from shortness of breath, difficulty in swallowing, ringing in ears, dimness of vision, with tendency to stupor; there was general anasarca, face was pale, bowels constipated, urine scanty and loaded with albumen. Gave epsom salts and cream tartar every two hours (tablespoonful doses). Ordered hot sitz-baths twice daily and gave fluid ext. of jaborandi until free sweating took place. After bowels began to act freely patient felt relieved; this treatment was continued for three weeks, when labor began, and progressed naturally last four hours; child dead. Patient convalesced slowly and imperfectly, and died of chronic nephritis two years later.

Case 4.—Mrs. F. R., aged 28; married five years; first pregnancy at six months; she became much swollen, kidneys acted but slightly, there was headache, constipation, dizziness and derangement of vision; was suddenly seized with convulsions lasting several minutes followed in quick succession by others. When first seen was unconscious, face flushed and breathing stertorous, pulse hard and bounding. Bled until face became pale and respiration sighing in character. Regaining consciousness, ordered elaterium, salts, cream tartar and hot baths. The urine which had been highly albuminous began to clear up and increase in quantity, the swelling subsided, and in a few days the patient was able to go about. She neglected treatment, and in four weeks was seized with convulsions while sitting in a chair. She was again bled and the convulsions ceased. Ordered same medicinal treatment as before, plus ergot in one-half drachm doses every two hours till labor began and pains became regular. Patient was delivered of a dead child in six hours. Mother made a good recovery. Subsequent examination of urine showing everything to be all right.

Case 5.—Occurred in the same woman two years later. Repetition of former condition and treatment, child born dead. Mother made a good recovery.

Case 6 —Mrs. F. H., aged 34; mother of four children. Previous labors natural and easy, as was this also. However fourteen hours after delivery commenced with convulsions—before my arrival. Chloro form had been administered and morphia given hypodermically. Convulsion returning, she was bled freely; this was followed by sleep. On awakening, convulsions commenced; bowels had only moved once by injection; placed croton oil under the tongue. This produced free purging, and when consciousness returned epsom salts ordered in tablespoonful doses. She had but one convulsion, eighteen hours later, when chloral in 3ss doses was given per rectum. Convulsions ceased and patient made a good recovery.

Case 7.—Mrs. L. R., aged 23, primipara. Lady became alarmed as she had felt no motion for four days. When seen lips were livid, breathing short and labored, face puffed and skin pasty. Could detect fetal heart sounds with stethoscope—the condition just spoken had been present in some degree for two weeks. There was blindness of left eye, and impaired vision of right. Urine almost solid with albumen. Ordered warm bath every twenty minutes. Free purging with elaterium. Symptoms gradually improved. Treatment continued for three weeks, when labor began and terminated in twelve hours. Child weighed 3½ pounds, greatly emaciated, now living. Mother convalescent though totally blind in left eye.

The doctor now related the numerous theories as to the causes, but as they are unsatisfactory will not relate them. Next he passed on to the early recognition of premonitory symptoms, and to a description of the convulsion but as these are shown in all their variety in the recorded cases, will not weary you with a repetition.

The treatment he advocated was as follows:

1. That directed toward the prevention of convulsions.

2. And that to be adapted when the convulsions have already supervened.

1. The objects sought in the first case (1) the prompt and free elimination by the use of hydragogue cathartics, i. e., elaterium, pulv. jalapæ co., salts and cream tartar; (2) the use of hot vapor baths of fifteen minutes' duration, and when in bath should drink freely of water; (3) she should be put to bed and free perspiration induced and heavy diet strictly prohibited. This should be followed by the administration of tincture of iron.

2. For the convulsion he advocated bleeding until marked pallor with fluttering of pulse and respiration became sighing in character. Next the use of chloroform to complete anesthesia. Supplement the chloroform with hypodermic injections of morphia. The use of chloral in large doses especially per rectum.

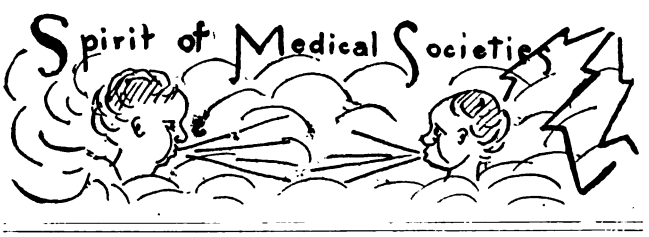
Induce labor and empty uterus of its contents with all speed.

In convulsions occurring after labor he advocates the same line of treatment, except when he stated morphine should not be used.

Regarding the induction of labor he would bring it about at any time of pregnancy if a convulsion has once occurred.

The discussion which followed was more especially in reference to the bleeding to so marked a degree.

G. F. S.



Methylene-Blue in Cystitis.—At a recent meeting of the New York County Medical Association, Dr. Joseph N. Henry presented (*Boston Med. and Surg. Jour.*) two specimens of bright blue urine, which, he said, were from patients suffering from thronic cystitis whom he had been treating with an aniline dye. He had adopted this plan in consequence of reports which he had seen in German journals, and it was his practice to give one grain of methylene-blue three times a day, after meals. One of the patients, who had been suffering for over two years, had locomotor ataxia and prostatitis, and gave a syphilitic history. There had been twenty per cent. of mucus in the urine; but in three weeks this had been reduced to one or one and one half per cent. The other case was non-specific, and the patient had just been discharged cured.

Disappearance of Large Psoas Abscesses.—Dr. Halsted Myers presented a case to the N. Y. Academy of Medicine, of lumbar Pott's disease, to illustrate the disappearance of very large psoas abscesses without material interference with the general health during the process.

In this case, which had a strong family tendency to tuberculosis, the abscess appeared early, had gradually increased in size; but after an attack of measles it had become much larger, so as to fill both iliac fossæ, and form pouches in both inguinal regions, as large as a man's fist. At this time the liver was slightly enlarged, but there never has been a trace of albumen in the urine. Eight months later, though still anemic, the child felt well, had an excellent appetite, and the liver had regained its normal size. Absorption was rapidly progressing.

At present the child has a temperature ranging between 98.4° and 99.6°, and has a few enlarged cervical glands; but he plays hard all day, has a good appetite, and feels well. The abscesses have almost entirely disappeared, and recovery seems assured.

The Function of the Supra-Renal Bodies.—According to MM. Langlois and Abelons, who, at a recent meeting of the Biological Society (*Lancet*), brought forward the results of their further researches on the function of these physiologically little known organs, the destruction of one supra-renal body does entail death, while the removal of both invariably does, accompanied by all the phenomena described by Brown-Sequard, paralysis of the respiratory muscles, etc. This paralysis they found to affect the terminal nerve plates in the muscles. At the moment of death, and a little before, the sciatic and phrenic are absolutely inexcitable, although the muscles supplied by these nerves in part respond to stimulation. The blood of guinea pigs on which the observations were made caused, when injected under the skin of the frog, phenomena analogous to curarisation, and MM. Langlois and Abelons incline to the belief that a chief function of the supra-renal capsules is to destroy or neutralize some such poisonous substance engendered by the organism.

Birth Palsy.—Dr. T. C. Railton showed specimens to the Manchester Pathological Society, from a case of double spastic hemiplegia, an idiotic boy, aged 3. There was a history of difficult labor, forceps, and asphyxia. On admission, it was noted that he lay habitually upon his side with head strongly retracted, thighs crossed and somewhat flexed upon the abdomen, the feet being extended. All four extremities showed "leadpipe" contracture. The slightest touch produced universal rigidity, so that he could be lifted "all of a piece." When fed, the muscles of the lower jaw were thrown into spasm. There was fine tremor of the hands when raised, and on yawning general clonus occurred. Knee-jerks were exaggerated; superficial reflexes active. On being held up under the arms, he became universally spastic. Death occurred from broncho-pneumonia. The necropsy revealed little alteration in the naked-eye appearance of the brain. There was merely a slight depression forming a shallow groove, most marked near the vertex, the fissure of Rolando, and the central convolutions, in both hemispheres. The pia and arachnoid in these regions were thickened, opaque, and adherent. A similar thickening of the pia was found over the temporo-sphenoidal region and at the bases of the frontal convolutions, but no depression. The paracentral lobules were slightly depressed, and the pia was thickened and opaque. The base of the brain was normal. Microscopically, the pyramidal tracts in the pons, medulla, and cord were found perfectly normal. In the motor area there was a diminution in the number of the large ganglion cells, and some increase in the neuroglia.

Case of Umbilical Fecal Fistula in an Infant.—Dr. Shepherd read the notes of this case before the Montreal Medico-Chirurgical Society (*Can. Med. Rec.*). A male infant, aged three months, had a projection about an inch long at the umbilicus which was red and moist, looking very much like everted mucous membrane. In the center of this projection there was an opening from which liquid feces escaped, and into which a probe could be easily introduced. The abdomen was opened and the fistula was found to be due to a diverticulum from the ileum (Meckel's diverticulum), which had remained patent in the umbilical cord and had been cut through when the ligature came away a few days after birth. The projecting portion of the bowel was removed and the opening in the intestine closed by a double row of continuous sutures,—the deep row passed through the muscular and mucous coats, and the superficial row through the peritoneal coat only, after the manner of a Lembert suture. The infant made a complete recovery, and when last heard of was well and strong.

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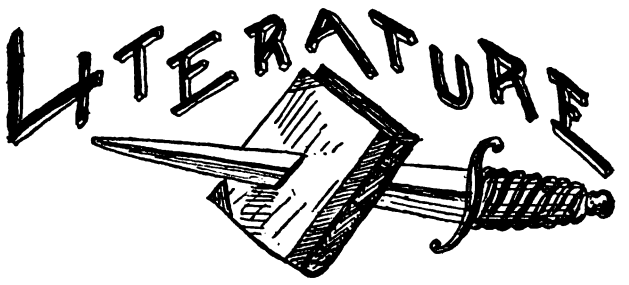


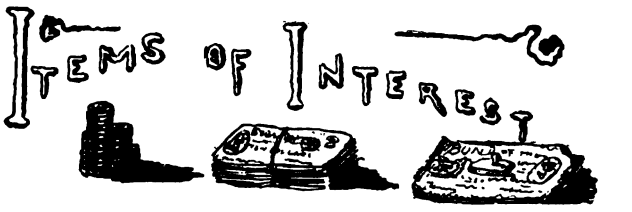
The Mediterranean Shores of America; or, The Climatic, Physical, and Meteorological Conditions of Southern California. By P. C. REMONDINO, M.D. Royal 8 vo., pp. 176. Illustrated with Forty-five Engravings and Two Double-page Maps. [Philadelphia and London: The F. A. Davis Co., Publishers. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, cloth $1.25; paper, 75 cts.

Climatology has never been so thoroughly studied in its relations to disease as in late years. More especially is this true in reference to pulmonary troubles. The perfunctory advice to phthisical patients to go to Florida, Colorado, or California is fast losing its sway and in its stead we are beginning to see patients receive specific directions as to future location which are of some value in the amelioration of their disease. The vastness of this country is such that it is impossible for an individual to be thoroughly acquainted with all the features of the different localities which are beneficial to various types of disease so that it becomes an absolute necessity to be governed largely by reliable works on the subject.

California has long enjoyed a reputation for the beneficial effects of its climate. But this has been only in a general way. Some writers have begun to particularize and in the work before us we are presented with an excellent handbook dealing with the climate of Southern California. This section is one which has been aptly compared with Northern Italy and we find as great a diversity in climatic conditions. It is in the specification of these various differences that this book excels. The author has gone to the greatest pains to show in what they consist; to what conditions they are adapted; and the reasons that should prompt one in a choice.

In the introductory climatology is pretty fully considered, more especially in its relations to phthisis. The effects of high altitudes, of ozone, etc., are given and the meteorological conditions of various portions of Southern California are pointed out in a manner which is interesting as well as useful.

The work closes with a description of the principal health resorts and their climatic advantages, so that taken altogether it constitutes a pretty thorough handbook and guide. As to its reliability, there can be but little doubt. The author is well-known, he is a resident of the country he describes and he has devoted much intelligent study to the subject of which he speaks in such an entertaining manner.



There is a doctor in Missouri named Jacassy, and his rival across the street says he deserves the name, says a Kansas exchange.

"Have Your Teeth Pulled Out for a Christmas Present," was the cheerful sign displayed by a London dentist for a few weeks before the holidays.

Dr. Harry Crumley, of Chattanooga, died of pneumonia in that city, recently. Dr. Crumley was born near Columbus, O., in 1859, and had been in practice in Chattanooga for five years.

Association of American Physicians.—The annual meeting of the Association of American Physicians will be held May 24, 25, and 26, 1892, in the Medical Museum and Library, Washington, D. C.

A Bequest to Institutions.—By the will of the late Caroline P. Adams, of Newton, Mass., the following are among the public bequests: Children's Hospital, $2,500; Adams' Nervine Asylum, $10,000.

It is a Notorious and much-to-be-deplored fact that experience proves that our National Government, through its appointed representatives, has always paid far less attention to the value of human health and life than to that even of plants and animals.

There are 147 universities in the world, of which the largest is in Paris, with 9,215 students; the next in Vienna, with 6,220; the third in Berlin, 5,527. The smallest is a branch of Durham University, French Bay College, in Sierra Leone, with twelve students and five professors.

Dr. Cornet, a German physician, reports (*Med. Bull.*), after extensive investigation, that more than 40 per cent of all prisoners between the ages of 20 and 40, die of consumption and other tubercular diseases. His theory is that the cells are often infected with the tubercle bacilli of former prisoners, and are never efficiently fumigated before a new inmate is incarcerated.

Instruction for German Army Surgeons.—In order that the Prussian medical officers shall have an acquaintance with the new discoveries in the department of public medicine, arrangements have been made for their attendance on a course of lectures to be held in all the Prussian Universities. These courses will extend over three weeks of each year at the end of the regular session, and it will be incumbent on each surgeon to attend one such course.

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The Washington Home of Chicago received as patients for drunkenness nineteen persons who had been "cured" by Keeleyism at Dwight.

The Eighteenth Quarterly Meeting of the Austin District Medical Society will be held in Medical Hall, Austin, Texas, Thursday, March 24, 1892.

Five Millions of dollars is said to be the sum that Keeley has received from a syndicate of Englishmen for the sole right to use his remedies for drunkenness in England, etc.

Small-Pox is said to be raging violently at Saratoff, in Russia, in which country vaccination is not compulsory. In one large village alone 400 children are reported to have died within the last ten days.

The Body of the late Dr. Albert Bernays, Prof. of Chemistry at St. Thomas' Hospital, has been cremated at Working. The funeral service was performed in London; the body was then taken by train to Working, where, on completion of the cremation, the ashes were buried in the cemetery.

No Longer Lunatic Asylums, but Hospitals.—The sitting Virginia Legislature has done away with the title of Lunatic Asylum as applied to the four State institutions for the medical treatment of the insane patients in them, and substituted the word Hospital in its stead. This has long been a desirable change, for oftentimes there is much in a name.

Alcohol and the Nerve Centers.—Dr. Shorthouse, says an exchange, has been investigating the effect of various intoxicating liquors on different parts of the cerebellum when imbibed not "wisely but too well." Dr. Shorthouse finds that good wine and beer indiscreetly imbibed have the effect of making a man fall on his side, whisky, and especially Irish whisky, on his face, and cider and perry, on his back, these disturbances of equilibrium corresponding exactly with those caused by injury to the lateral lobes and to the anterior and posterior parts of the middle lobe of the cerebellum respectively.

A Black List of Physicians.—The Medico-Ethical Association of Manchester, England, proposes (*Med. Rec.*) to draw up a "black list" of medical practitioners in the neighborhood whose conduct seems objectionable to the members of the Association. All physicians whose mode of practice is, in the opinion of a committee of the Association, unethical and derogatory to the honor, interests, and welfare of the profession, will be considered eligible and candidates for the band of the listed. It is to be hoped that the Association has a good-sized fund on hand to meet the expenses of libel suits, and to pay occasional damages for defamation of character.

Hit Hard.—We have received a circular which is amusing while it is also caustic. It is a purported programme of the proceedings of a future meeting of the St. Louis Medical Society in regard to the now celebrated case of "McGroarty's leg." For certain reasons we cannot publish more especially as it contains *reflections* which are very suggestive of "As in a Looking-Glass."

Do Tell!—The *Medical Tribune* says: The Massachusetts *Medical Journal* for January has a communication under its editorial head, which for violence of temper, vociferation without sense or argument and disregard for the common courtesies between men, has no comparison outside of a partisan, political, penny newspaper. If the article did not appear in a journal of which Eclectics are the principal contributors, as announced, we would naturally have ascribed it to some Old school doctor who had just awakened from a twenty-years' sleep. It is easy to see that the writer is of the Old-school in all his feelings and sentiments, and the signature he adopts, "Spartacus," would indicate him as the dying Gladiator. His effusion resembles the vengeful blow that such an one would be likely to give the man who had been required to slay him.

Heartless Doctor.—Says the Brooklyn *Medical Journal:* Such is the epithet applied by the newspapers to Dr. Craigen, of Alleghany County, Md., who is said to have removed the stitches from the leg of a patient because he would not pay the doctor $2 for having put them in. The facts are alleged to be that a wounded man had been taken by his friends to the office of Dr. Craigen, and that he, after dressing the wound, put several stitches in it, and then demanded $2 as his pay; that the friends of the patient were surprised, supposing that, as he was the county physician, there would be no charge; that the doctor told them if they did not pay him he would undo his work; that the men insisted they were penniless, and that the doctor thereupon, with the remark that he didn't intend to do that kind of work for nothing, deliberately cut the stitches.

A Medical Prayer.—A New York clergyman, asked to offer prayer at the graduation of a medical class awhile ago, (*N. E. Med. Monthly*) got off some sensible ideas, as a verbatim report contains the following: "May this high calling never be cheapened and vulgarized by the admission of those who are intellectually incompetent or normally unfit, desirous to make a livelihood out of the credulity of the ignorant and the fears of the superstitious. May the career of each who leaves to-night be long and luminous, reflecting honor on this institution and the fellowship of medical men, the world over. May the laws of health and happiness be more widely recognized and obeyed, and our personal habits and daily example ever teach sobriety, temperance, cleanliness and purity of life. May we live this life so nobly that we shall finally, through Christ, become citizens of that happy country where no inhabitant shall ever say that he is sick."

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The Next Annual Session of the North Carolina Board of Medical Examiners will be held in Wilmington, beginning on Monday, May 22, and remaining in session until all candidates are examined. The examinations are written and oral, and at this session, as we understand, a number of applicants, chosen by lot, will be required to make clinical diagnosis of cases presented to them.

Scared!—One of our homeopathic exchanges exclaims: It will be well for the legislative committee of the American Institute to carefully watch the effort of the American Medical Association in its effort to seduce Congress into giving the medical profession a cabinet officer. If such a measure should pass and a Homeo path be appointed what a howl there would be, my countrymen. Look out for them!

A Leper Cook.—The health officers of Philadelphia recently informed the Health Officer that the leper, Charles Wing, who was at the Municipal Hospital had been employed as a cook at the Peabody Hotel, that city, in which there are 125 guests. Major Veale says that several witnesses have testified that Charlie Wing's feet and legs at times have been so sore that he has been compelled to sit upon the table while mixing the flour.

A Bad Insurance Risk.—The following certificate was made by a "doctor" and is sent to us as an example of English "as she is wrote:"

Mr. F. F. stood under my treatment at last in Nov 1891, with la Greppe complicated by perilous lung trouble and pleuritis His left lung is chronic diseased by desorganisation of long standing produced by a old injury (a heavy loaded wagon went over his body He is a bad risk for insurance J. H.

Insanity in Paris.—From a report recently issued by Dr. Paul Garnier, medical officer to the special infirmary attached to the Paris Prefecture of Police, it appears that the number of cases of insanity registered there in 1883 was 4,448 as against 3,080 in 1872, being an increase of about 30 per cent, or nearly one third. The total number of insane persons known to the authorities in the French capital from 1872 to 1888 inclusive was 62,572, of whom 34,881 were men, and 27,770 women.

A Notification as given by a physician is sent to us, and reads as follows:

Dr. A. S. most respectful Compliments to Mr. O. and request him to please take notice that Scarlatine Miliaris Seu Vesicularis is in the familly of W. H. and as you are well aware that it is a contagious Disease, and might be bruight to School. Therefore it would be best to keep such childrens out of School to prevent an outbreak of Epidemic Wery Respectfully Yours A. S.

Dermatological Prizes.—The prize which was offered in 1891 by Dr. Unna, of Hamburg, for the best essay on the Topography of the Elastic Tissue in the Skin of Adults, has been awarded to Dr. Zenthofer, of Stallupoenen. The subject of the prize ($55) for 1892, which is open to all competitors without restriction, is the Wasting and Regeneration of the Elastic Tissue of the Skin under Different Pathological Conditions. The judges are Professors Klebs and Hoyer. Essays must be sent in by the beginning of December, 1892, to Leopold Voss, publisher, Hohe Bleichen 18, Hamburg, from whom any further information that is required may be obtained.

A Japanese Medical Society.—The Sei-I-Kwai, or Society for the Advancement of Medical Science in Japan, held its annual meeting at Tokio on October 7. The secretary's report showed that in the twelve months from October 1, 1890, to September 30, 1891, there had been an increase of 30 in the membership of the Society. The Tokio Medical Library at present contains 831 Japanese and 1,828 English books, besides 2,755 volumes of Japanese and foreign journals. Mr. Kanehiro Takaki, F.R.C.S. Eng., L.R.C.P. Lond., Director-General of the Medical Department of the Japanese Navy, was re-elected President, and Dr. W. N. Whitney, Physician to the United States Legation, Y. Saneyoshi and T. Matsuyama, Vice-Presidents for the ensuing year.

The Belgian Society of Gynecology and Obstetrics, under the patronage of the Belgian Government, has taken the initiative in organizing "The International Periodical Congress of Gynecology and Obstetrics," the first session of which will be held in Brussels, Sept. 14 to 19 inclusive, 1892. Three leading questions will be offered for discussion:

1. Pelvic Suppurations; Referee, Dr. Paul Segond, Paris.

2. Extra Uterine Pregnancy; Referee, Dr. A. Martin, Berlin.

3. Placenta Previa; Referee, Dr. Berry Hart, Edinburg.

Fees.—Members participating in first session, 30 francs. This will entitle the holder to a copy of the proceeding of the Congress. Founders, life membership, 300 francs.

In connection with the Congress there will be an International Exposition of instruments and appliances, pertaining to gynecology and obstetrics. All communications pertaining to this Congress should be mailed direct to the American Secretary, Dr. F. Henrotin, 353 La Salle Ave., Chicago, who will promptly furnish all information. All notifications to be forwarded should be received by August 1.

Everything points to a great success in this Congress. Though notices concerning it have been rather late in this country, already men of celebrity have promised to visit and contribute papers.

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Dr. J. L. Fitzporter, of St. Louis, has been sued for divorce by his wife.

A Student of the Marion-Sims Medical College, of St. Louis, has been convicted of stealing a book from a fellow student.

Westfield has a druggist by the name of Lyon, who has a clerk by the name of Lamb. They get along harmoniously together, and thus fulfil the scripture idea of the millenium.

Dr. Jos. L. Bauer was recently dismissed from the St. Louis, College of Physicians and Surgeons by a three-fourths majority vote of the faculty. He subsequently sent his resignation to the Board of Trustees.

The Poison Laws.—An exchange asks why the druggists do not have the pharmacy laws amended so that the sale of poisons is regulated. The truth is says Myer Bros. *Druggist*, that druggists themselves do not live up to the numerous poison laws now on the statute books.

It is but a Short Time since a young physician advertised for a location in which he could make his expenses. We doubt not says the *Tex. Health Jour.*, that many others would advertise in the same manner if they only had sufficient money to pay for the advertisement.

A Great Need.—What do the people of the District of Columbia most need? asks the *Nat. Med. Rec.* A law to regulate the practice of medicine. If the medical profession fail in their efforts to supply this want, then, as a matter of self-protection, the people must rise up and demand relief.

Queer Things We Read in the daily paper are often amusing on account of the reckless manner in which the correspondent makes assertions. Not long ago a local paper told how a man was drugged with "tincture of opium" and volunteered the information that one drop of this liquid will produce sound sleep.

Practical.—An exchange states that a doctor in Bootle, England, has the following printed on his prescription blanks: Gratefulness of the patient is part of his disease, is most prominent when the fever is highest, lessens during convalescence, and disappears as health is re-established. Hence, prescriptions only for cash.

Von Bollinger reports (*Times and Register*) the case of a girl sixteen years of age, who died after prolonged suffering from gastric disorder. Her stomach and duodenum were enlarged so that they measured twenty inches in length and ten inches in breadth. They were found to be packed with hair. The girl was not known to have swallowed hair at any time.

The National Medical Review, an octavo of 16 pages, edited and published at the price of $1 per year by Dr. Charles H. Stowell, of Washington, D. C., has appeared. It is neatly gotten up and will appear monthly.

A Fumigating Powder.—In a case recently heard, the composition of a powder to be used in a patent fumigating apparatus was stated; among other ingredients were "2 lbs. sulphurous powder, ½ lb. Virginia leaf (tobacco), to be rubbed very well, 1 lb. best coffee berry, and 1 lb. very fine granulated sugar." The powder does not appear to have been a commercial success, though it was stated that it was in use "in many lunatic asylums."

Maternal Impression.—Four months ago Mrs. Will Cross' pet dog was shot by Dr. J. W. Schultz of Wichita, Kas., for barking at him as he rode by on a bicycle. Its left fore leg was broken in several places, and Mrs. Cross was very much excited. Sunday she gave birth to a baby with the bones of its left arm shattered. Half of the physicians in town attended the consultation and it was decided not to amputate the arm. Physicians declare the case to be without parallel. Cross has sued Schulz for damages.

Insanity is Disease.—A very important decision was rendered in the Circuit Court of Bloomington, Ill., March 9, which has a bearing upon the business of all insurance associations. It was rendered in the case of Mrs Maggie Belcham, widow of Thomas Belcham, of that city, vs. the Grand Lodge of the Ancient Order of United Workmen. Mrs. Belcham's husband carried a life policy for $2,000 in this order for twelve years, but was expelled from the order a few months before his death for drunkenness. The claim was made by Mrs. Belcham that when he was expelled her husband was insane. The verdict rendered gives Mrs. Belcham a judgment for $2,115.

A "Promising" Subscriber.—The following appears in *Daniel's Texas Medical Journal*:

——, JACK COUNTY, TEXAS, January 13, 1891.

F. E. Daniel, Austin Texas:

DEAR SIR:—Yours of Dec. 7, 1891 Recd and will say in reply, that I am Ondley in Arrears 2 years for Medical Journal. I Ordered the Journal stopt Last Dec When my 2 Years expired. I were then fixing to leave the State which I did, and remained away until July, the Matter Slipped my Mind before I left or I Should have remitted the Amount $4 then Dew. I have not recd the Journal since, Inclosed find your Statemen which I Think will Satisfy you that i Am Correct, if Satisfactorly I will Remit the a Mount Soon.

Very Respectfuly

————, M. D.

Alas, the poor publisher. Such is the experience of many.

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Dr. Wm. H. Bunce, one of the leading surgeons of Northern Ohio, died recently at Oberlin. He was about 63 years old at the time of his death.

Dr. Frederick M. Townsend, of New York, has been sued by his wife for a limited divorce, and the Supreme court has granted her alimony of $10 a week and a counsel fee of $50.

Dr. G. Theobald, of Chicago, was arrested by an over zealous policeman, who saw the doctor enter a house with his satchel, and concluded he was peddling or canvassing without license.

Dr. H. M. Scudder, of Chicago, was accused on March 3, by his father-in-law, F. H. Dunton, of having killed his wife's mother for her money. The case has raised much excitement and some interesting developments are expected.

Dr. H. F. Hoyt, the Health Commissioner of St. Paul, has been sued for $25,000 damages by James M. McClellan for alienation of the affections of the latter's wife. Dr. Hoyt's friends declare that the whole affair is merely an attempt at blackmail.

Dr. Geo. M. Beard said he did not need to practice medicine long to learn that men die who might just as well live if they resolved to live; and that myriads who are invalids could become strong if they had the native or acquired will to vow they would do so.

The Medical Institutions of St. Louis, at last have had their superintendents appointed. The Council confirmed the following who have entered upon the performance of their duties: City Hospital, Dr. H. Marks; Insane Asylum, Dr. E. Mueller; Female Hospital, Dr. R. M. Kerley.

A Thick Skull.—In a post-mortem examination, recently held in St. Louis, it was found that a negro woman had apparently died from meningitis. The cause was supposed to be due to an extraordinary thickness of the skull. It is alleged that it was one inch thick in its anterior portion and two inches at the occiput.

Dr. Barrow's Singular Epitaph.—The funeral of Dr. E. S. Barrows, who died at the age of 93, was held in Davenport, Iowa, March 11. He was the first physician to regularly practice medicine in the State. He came there in 1836 from Florida. During the Civil War he was the examining surgeon for the State. Years ago he caused to be made a burglar-proof burial vault. This will be deposited by the side of his wife, and under the shadow of a monument bearing this text, prepared by Dr. Barrows: "All who sleep here still exist as material constituents of the Universe. Hope may, but belief should not, transcend experience."

The Kalamazoo Academy of Medicine, at its annual meeting elected the following officers for the ensuing year: President, William B. Southard, Kalamazoo; vice-presidents, Irwin Simpson, Kalamazoo, J. M. Rankin, Richland; secretary, O. A. Lacrone, Kalamazoo; treasurer, O. B. Ranney, Kalamazoo; librarian, E. H. Vandeusen, Kalamazoo; censors, Chas. Bloodgood, S. C. Van Antwerp, Vicksburg.

An Infant cannot talk, says a recent writer, neither can it exaggerate, prevaricate, simulate or fabricate disease. In the space of a few cubic feet it presents a minute model of human anatomy, physiology and pathology which can be easily explored by all senses unchecked by the barriers of fashion or false modesty. Physical signs, though sometimes obscure, are reliable, and the practised and painstaking physician will need to have little doubt as to the correctness of his diagnosis of infantile ailments.

Death of a Keeley Patient.—Ex-Congressman Stephen H. Hopkins, who was found dead recently on a railroad track near Pleasantville, N. J., was a patient at the Keeley Institute, White Plains, N. Y., for a month, leaving there several days ago. He was president of the Bi-Chloride of Gold Club, and was very popular with the patients of the institute. He was born in 1840. The superintendent of the institute denies, however, that the medical treatment had anything to do with Mr. Hopkins' temporary insanity, during which he met death.

The Illinois State Board of Health during the week ending March 4, issued State certificates entitling to practice medicine in Illinois to the following physicians: James E. Beach, Elizabeth; M. Chidester, John E. Garvey, Dennis F. Goo, H. I. Nance and David Rose of Chicago; Joseph F. Dorsey, Lebanon, St. Clair County; Jos. M. Paxtonson, Paxton, Ford County, and Geo. E. Wilson, Peoria. State certificates entitling to practice midwifery in Illinois were issued to the following; Emily M. Brancroft, Freade Freadrich, Louise Huebner, Augusta Johnson, Maria Novak, Selma Selberg and Margarethe Young, all of Chicago.

L. D. McIntosh, M.D., D.D.S., died very suddenly at De Funiak Springs, Florida, on Tuesday, March 1. He was a gentleman of the highest qualities both mental and social and his friends were numerous throughout the United States. He had gone to Florida to lecture before the Florida Chautauqua on microscopy and kindred subjects when he was so suddenly taken away. His genial nature and sympathetic heart won him friends wherever he went and we, in common with all who knew him, desire to respectfully present our condolences to his bereaved family. Our readers may remember him better, perhaps, as the first vice president of the McIntosh Battery Co., Chicago, and the inventor of the battery which bears his name.

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There have been three epidemics of small-pox in the city of Waterbury, Conn., in eighteen years. The last occurred in 1882. It was attended by the usual fright, scare and craze, which seems to be incited on purpose by interested individuals every time the dis ease recurs.

Remarkable Family.—The census enumerator at Warrensburg, N. Y., found a child 3 months old, the mother, Mrs. Fred. Chandler, one month less than 15 years, grandmother, Mrs. John Atten, aged 33 years, and greatgrandmother, Mrs. Oscar Greer, aged 54 years, all residing in close proximity about six miles north of Warrensburg.

St. Louis Medical College Commencements.—Three colleges have had their annual graduating exercises during the past week.

The St. Louis Medical College held its commencement at Memorial Hall, diplomas being conferred upon 18 young men, March 10.

The St. Louis College of Physicians and Surgeons held its exercises at Entertainment Hall, Exposition Building on March 14. The number of graduates was 83 out of a total of 97 applicants.

The Missouri Medical College held its commencement exercises at Entertainment Hall, Exposition Building on March 15. The number of graduates who received diplomas was 14.

Typhus May Spread.—By far the worst case of typhus yet reported was found at No. 132 Orchard St., N. Y. It was that of a woman who has been lying there with the disease for over a week. The house is a five-story tenement, and there are 106 families in it. Mrs. Ernestine Nathensen, 28 years old, is the woman. Her four children, who slept in the room with her, played with the other children in the house. The patient was sent to North Brothers' Island. A daily inspection of the house was ordered made. Mrs. Nathenson contracted the disease by coming in contact with some of the Masilia's passengers. Three of them stayed in her house for several days and subsequently developed the disease. Abraham Jesa, the proprietor of the lodging house No. 42 East Twelfth Street, where several typhus fever patients were found, was stricken with the disease. Fred Hamilton, the reporter who was stricken with typhus while visiting the infected houses, is in a serious condition. Another of the Masilia's passengers died at Brother's Island.

De Land, Fla.

Dear Sirs.—In response to your inquiry in reference to the "Elixir of the Three Chlorides," I will say that I have used it in my practice during the last six months, and in all cases to which such a preparation is adapted it leaves nothing to be therapeutically desired.

Very respectfully,

February 1, 1892. D. Stuart Lyon, M.D.

Cold Creams.—A number of cold creams are given in the *Pharm. Era* as follows:

COLD CREAM.

℞	Lanolin,	℥viij.
	Vaseline,	℥ij.
	Rose water,	℥iv.
	Vanillin,	gr.iij.
	Otto of rose,	gtt.ij.

Mix in mortar, without heat.

COLD CREAM.

		1	2
℞	White wax,	℥iij	℥ijss.
	Spermaceti,	℥iij	℥v.
	Almond oil,	℥xvj	℥xvj.
	Rose water,	℥viij	℥vj.
	Otto of rose,	gtt.xx	gtt.xx.

M.

COLD CREAM.

℞	White wax,	℥ij.
	Spermaceti,	℥iij.
	Almond oil,	℥viij.
	Prepared lard,	℥v.
	Water,	℥vj.
	Otto of rose,	
	Oil of bergamont, aa	gtt.x.

M.

COLD CREAM.

℞	Spermaceti,	℥iij.
	White wax,	℥iij.
	Nut oil,	℥xxij.
	Rect. spirit	℥j.
	Water,	℥iv.
	Chloroform,	gtt.x.
	Oil rose geranium,	gtt.xxx.
	Oil bergamot,	gtt.vj.

M.

COLD CREAM (VASELINE).

℞	Vaseline,	℥xiv.
	Paraffin,	℥j.
	Lanolin,	℥iv.
	Water,	℥vj.
	Otto of rose,	gtt.v.
	Vanillin,	gr.iv.
	Rect. spirits,	℥ij.

M.

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Fogg.—I saw Fenderson to day and, do you know, he acted strangely. I really believe he is out of his mind. Brown.—I saw him to-day, too, and he talked quite rationally. Fogg.—Then I wasn't mistaken, it seems.

Chum.—That rich uncle of yours hangs on pretty well, doesn't he? Spendall.—Indeed he does, and here I am head over heels in debt. "What doctor does he have?" "None. He won't have a doctor." "My gracious! You must get him out of that notion or he'll never die."

Professor.—What would you do for a case of os uteri?

Student.—I would give hot-water douches and administer ergot internally.

Professor.—You may take your seat, sir!

"Say, nigger, did'nt the doctor give you calomel and tell you not to eat anything sour?"

"Yes, sah."

"Then why are you eating apples?"

"Shuh, boss, dat don' mek no dif'funce, he put the cal'mel in capsools."

He Couldn't Be a Sybarite.—Doctor.—Um. No wonder you are drifting into consumption when you haven't taken off your summer underwear. Why don't you get some heavy flannels for winter?

Patient.—Well, doctor, since I have been calling on you I can't afford anything extra.

Broke Professional Etiquette.—Soso (in front row at the theatre).—How dazzlingly beautiful Mlle. Highkicker's teeth look to night.

Dr. Dentelle.—They ought to; I spent all day cleaning them.

Soso.—It must have tired her dreadfully.

Dr. Dentelle.—Not at all; she sent them by her maid.

The Best Laid Plans.—Mr. Smartchap (who thinks he sees the opportunity of his life).—Happy New Year, Mr. H. Mardhardt! I have noticed, however, that business has been very dull lately.

Employer.—Yes, it has.

Mr. Smartchap.—And your profits have been greatly reduced, with no immediate prospect of improvement.

Mr. Hardhardt.—That is true.

Mr. Smartchap.—I have therefore come to you to ask that you reduce my salary.

Mr. Hardhardt (in a hurried whisper, to his secretary.—Humor the poor fellow while I go and telephone to the insume asylum.

Dr. William D. Middleton, of Davenport, Iowa, has been appointed Surgeon-in-Chief of the Chicago, Rock Island, and Pacific Railway. His appointment was made to supply the vacancy caused by the death Dr. W. F. Peck, the former incumbent.

For You to Read.—If you desire to take a delightful trip for either health or pleasure, would advise you to go to Hot Springs, Ark., "the Carlsbad of America," located in the heart of the Ozark Mountains, surrounded by beautiful scenery, fine drives and walks, and the most healing waters in the world. Reached in solid trains of the finest equipment, via Iron Mountain Route. For descriptive and illustrated pamphlet, free, write Company's Agents or General Passenger Agent, Mo. Pac. R'y Co., St. Louis, Mo.

Inebriety among Employes.—Dr. R. Harvey Reed takes the editor of the *Jour. of the Am. Med. Ass'n.* to task for some recent utterances. He says (*Railway Age.*): In this same article Dr. Culbertson bases his arguments on the fact that "22,000 people were injured on railroads in this country" by accident during 1891; and then proceeds to the assertion that "a railroad surgeon to attend the wounded is of very small importance, compared with the medical superintendent." Who ever heard of such logic, that the treatment of 22,000 injured people was of very small importance, and cuts no figure in the railway service of our country, as compared with a medical superintendent, who should look after the inebriates of the company, who may or may not have been the cause of a small percentage of these accidents? And yet he claims that railway companies cannot prevent their employes from drinking spirits. If that be true. what use would there be of a medical superintendent? If the doctor does not know, it is time that he was finding out that the railway companies do not willingly keep in their employ inebriates, but on the other hand they are relieved of the responsible positions just as fast as they are discovered, and that for the same number of men employed there are fewer drunkards among railroad employes than any other class of laborers. Take the 749,301 employes who are scattered over the 171,070 miles of railroad of the United States, and we will venture to say that the doctor cannot find an equal number of employes of any profession or calling scattered over an equal amount of territory in which you will find as few actual drunkards as you will among the railroad employes of our country, who as a rule are young, active, healthy men who represent the cream of physical strength and endurance from along the lines on which they are employed.

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MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

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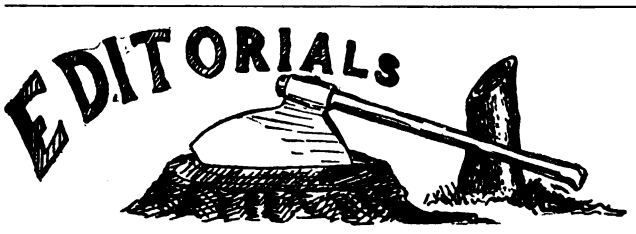

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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A Criticism.

As our readers may have noted the REVIEW is an impartial observer of events as they occur. It takes cognizance of some and others less worthy of attention are permitted to go by unnoticed. Some, however, are of such a nature and show a certain tendency such as requires some consideration and it is on this account that we are constrained to take up a particular case and call more especial attention to it. Friends and foes alike may make mistakes and, while not a matter of congratulation to point them out, the faults which are discovered can not but prove profitable to all alike as well as to those who might be led into the same pitfulls Personal abuse in the columns of a journal is not righting a wrong, nor does villification of an individual prove more than an animus not justified by the circumstances. A lesson may be inculcated without the exhibition of malice.

We have been led to make these remarks by a series of incidents which appear to have somewhat excited the medical profession of St. Louis. We allude to the McGroarty leg case, which threatened at one time to produce a disruption in medical circles and which we hope has at last been relegated to the past, as it certainly was not of that character which one would expect it to be considering the hubbub raised about it. The entire course of procedure indulged in in regard to it had better never have occurred. It would have been of immense credit if not one word had been said concerning the matter and the newspapers would have been spared a delicious morsel.

One of the incidents in connection with the matter, and one which we are forced to deprecate, was the issuance of the following circular which was mailed to quite a large number of physicians:

HALL OF THE ST. LOUIS MED. SOC., March 3, 1892.
DEAR DOCTOR.—A regular meeting of the Society will be held on Saturday evening, March 5, at eight o'clock. Some sequelæ of the inspiring work, done at the previous meeting are expected to come off, for the benefit and moral improvement of our members, under the head of extraordinary business. Our "noble" and "impartial" committee on Ethics will be ready and eager to *get in its work* on all vile offenders against our code.

Dr. Tommy Dalton will report four cases of laparotomy which up to date he has only casually mentioned in the newspapers.

The Society's able committee on "*Graveyards*," consisting of Drs. Prewitt, Carson, French, Lutz, McCandless and Outten will report their recent expedition to Calvary in a learned paper on the subject of "*Why the Resurrection is not always followed by the Ascension.*"

The same learned committee will explain what they meant by speaking of McGroarty's stump as "clean and sweet." They desire to correct a prevailing opinion that only butchers and servant girls speak of legs in this way.

Dr. H. H. Mudd and Dr. H. Tuholski will be called on to show cause why they should not be expelled for an apparent lack of interest in the Society's affairs. Why were they absent from the Society after the urgent and distressful call published in the P.-D. of Saturday afternoon by a member of the executive committee?

If time permits a committee will be organized to wait on Dr. Bernays and express to him the opinion that he is a very insignificant and unimportant person

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and will request him to stop practicing surgery in this city.

By order of the Executors Committee

VAUGHN BROK-AH,
TOM DALTON,
W. DORSETTE.

SPECIAL NOTICE.—Dr. Broome will be choked off on his first attempt to take the floor—it belongs to the building.

Dr. Brennan will not be monkeyed with, he is all right—but he can never be Health Commissioner.

FRANK. J. LUTZ,
Chief of Secret Service in the Political Department and Member of Com. on Ethics.

Those who peruse this document will readily acknowledge that it is not dignified. It is an attempt to cast ridicule upon a certain number of members of the profession and upon a medical society, but it is very much in the nature of a boomerang. We are certain that the framers of this document intended it as a sarcasm, but we are afraid that its effects extended further than the expected limits which it was intended to reach. We certainly cannot approve of it; nor can we approve of the sending of circulars in general. It looks too much like, and savors too much of, the "gutter-snipe" method of advertising. No one walking the streets but has circulars thrust in his hand and they are immediately cast in the gutter as worthless. So it is with circulars like the one given above. They may be read, but they are thrown away as worthless and the memory of their contents soon vanishes.

We do not know whether the above was prompted by a malicious spirit or by a sense of the ludicrous. In either case, the method was not a good one to our mind. We do not know the ones who were concerned in its production, but we do know that as a method we would not recommend it to others either as an amusement, or as a method of gratifying animosity. There are much better methods.

We do not wish to imply by this that we agree entirely with the course pursued by the St. Louis Medical Society; for, its proceedings, we must say were anything but dignified in the matter when it was brought up for consideration. Threats were bandied, resolutions passed, etc., and not one effort made to present a cool, calm, dispassionate, scientific report upon the question brought up. Such are certainly not the methods which a dignified medical society should adopt. Enmities are not a part of science and the province of a medical society is certainly not that of being an arena for medical combatants to enter, unless their combat be concerned with science and carried on in a scientific way.

We hope that this is the end of this episode and we desire to express the further hope that we shall not be called upon soon again to chronicle a similar occurrence. To the writers of the circular given above we desire to say that they have not succeeded in their object. They have given a bad example and one whose imitation we desire to deprecate, not on account of personal motives but on account of the principles involved. It is essentially wrong in the first place and productive of no good. It forms the basis of an excuse for harboring ill-will and is apt to foster bad feeling where harmony should prevail. To those who committed this error we would say, don't do it again, as the pitcher brought too often to the well may finally be broken. To those contemplating such a move, we would say the same. One step leads to another and steps like the above lead eventually to no lasting good.

Substitution in regard to patent medicines is commented on in unmistakable language by the *Formulary* which goes on to say: We have never favored substitution, but we do favor self protection, and as patent medicines are simply merchandise subject to the same laws and regulations of trade as govern other merchandise, it is for the druggist's interest to sell what pays him the best profit. This he can do to a great extent without "substitution," for if he is supplied with good goods of his own make attractively put up, they have, in most instances, only to be shown, to be chosen by the customers. In view of the attitude of the manufacturers of patent medicines, as expressed by their spokesman, Mr. Richardson, and as implied by the various substitution contracts required by them from retail druggists, this action is only justifiable protection and will be found not only to restore the "lost reputation" of druggists as a class, but put money in their pockets in a business way. We refer our readers to two articles on this subject in the previous pages of the same issue.

Vice Among Negroes.—The following facts are stated by the *American Practitioner and News:*

Among a large majority of the colored people a man does not at all lose caste by having been in the penitentiary, and a colored girl is not likely to have sufficient dread of a reformatory to influence her in her conduct. As a punishment it will not succeed. Taken, then, in the most charitable view, what effect will it have on the only class for whom it can be employed?

Take these girls from the street, already depraved, condemn them or promote them to a reformatory, and how long can they stay? They must leave in the full vigor of womanhood. Then where will they go? No colored family can take them, and no white family will take them on any such terms as will shield them in the least from temptation. Sooner or later they will go to the bad in spite of all that society can be induced to do for them.

The character of labor that alone the great majority of the negroes can do, or are likely to get to do, will not enable them to lodge well. Their condition is such that they will be more and more stored in rookeries where privacy is driven away with decency. The proprieties of social police can be met by having a re-

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formatory where depraved colored girls may be sent for a while instead of to the work-house; but the great number of such that are found in every Southern city, and all the attendant circumstances, declare but too plainly that there remains but the sad ordeal of the survival of the fittest.

Regulating Prescription Pads.—The present legislature of New York promises to do some very remarkable things, but nothing could be much more astounding than the project recently inaugurated by Assemblyman Walter G. Byrne, of New York. The statesman in question has introduced a bill proposing to make it compulsory for physicians to use for their prescriptions blank forms to be supplied by the health authorities. These blanks are to have stubs upon which the physician must write a copy of his prescription. The regulation is to apply, for some reason, only to persons practicing medicine, surgery, and dentistry in cities of over one hundred and fifty thousand inhabitants.

The objects of the bill are, we take it (*Med. Rec.*), to prevent mistakes in prescription-writing and prevent prescribing by others than licensed medical men. Such objects are undoubtedly laudable, but the plan devised is unjust, unreasonable, burdensome, and impractible to the point of ludicrousness. We do not see why a physician practicing in a town of 50,000 inhabitants is not just as liable as any one else to require the official blanks.

In case of an emergency, when, as might often happen, the doctor had no prescription pad, the results would be most serious. Apart from this it is manifestly impossible for the law to be enforced, without a systematic inspection of all drug stores: Even then the law could and would be evaded in many ways. In any law so monstrous were really enacted, probably the first result would be to make physicians deal out their own drugs. This would be disastrous to the drug business, inconvenient to physicians, and often harmful to patients.

In fact, the proposed law is in every way so absurd and obnoxious that it seems impossible that it should be considered seriously. Yet, when legislatures pass laws regulating physicians' fees, forbidding intoxication, and putting various other paternal limitations on personal liberty, it is difficult to know what to expect.

Medical Specialists are a much-abused class and, in many instances, undeservedly so. On the other hand so-called specialists are unworthy of the appellation. In view of these conditions the *Medical Age* says that in every-day practice it is wise for us to listen deferentially to the men of highest learning and to act upon their advice, but it is neither necessary, nor even advisable, to let the voice of authority wholly extinguish our speculations, since great practical benefit has come to the world in time past from the faith of the unlearned, and imaginings which authority has ridiculed have finally worked out into marvelously fruitful results. Medical specialists then should not contract their vision by looking at their case from one point of view only, but so endeavor to broaden their knowledge of the intimate relations of all organs of the body as to intelligently determine the exciting cause of disease and understandingly remove it or counteract the existing mal-conditions through a wise and discriminating selection of therapeutic agents. We make haste slowly toward establishing medicine as a science, and empiricism still reigns.

The Hospital with the largest number of annual patients appeals to the public with confidence, says the *Provincial Medical Journal*. The number bears testimony to the amount of sickness and work done. It may be scamped work, and so in private practice a very long visiting list brings with it a sense of importance. Some of the patients will pay, and those who do not will help to spread the doctor's reputation. It is very difficult to change customs. The mixing up of a profession with trade has resulted in a kind of compromise. The system of book-keeping and the bills are essentially on a level with the work of the shop-keeper. Accounts are rendered, however, in a kind of apologetic way, and as if of no consequence. This to preserve the professional color and the sense of professional dignity. The presentation of a bill does not lower medicine, and we can preserve our professional cast all the better in proportion to the amount of income derived from practice, so that we should not have any hesitation in demanding our fees, and bringing about a more substantial balance at the end of the year.

Protest at Once is the advice given by the *Medical News* and we heartily concur with it. The *News*, and we may add the REVIEW, has no interest in politics, and for that reason feels free to protest when politics injures medicine. Our indignation is stirred by the fact that under the provisions of the Army Appropriation Bill, reported by the Military Committee to the House of Representatives, the usual annual appropriation for the Library of the Surgeon-General's office, U. S. Army, is cut down one half—that is, it is reduced from ten thousand to five thousand dollars. If this is not changed, either in the House or in the Senate, the result must be that the formation of a complete medical library at Washington, which has been going on so successfully for the last ten years, must be stopped—that all the new medical books and journals can no longer be purchased—to say nothing of the prevention of purchases of valuable works still required to make the collection what it should be—an absolutely complete reference medical library for the use of the United States.

When a membr of Congress dies, "a junketing tour" with Pullman cars, etc., costing us thousands of dollars, is made to appear as a part of the funeral honors, and expenses. Every year every representative votes himself, his family, his friends, his clerks, and his pages

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high priced pocket-books, ink-stands, knives, etc.: quinine, drugs, and all manner of "druggists' sundries"; soaps, puff-balls, cologne, silver hair-brushes, and every sort of toilet article imaginable—an infinitude of expensive trash, the total amounting to nobody knows how many thousands of dollars.

Then he would cripple medical science, education, and progress by reducing the already too small appropriation for the National Medical Library!

Every reader of the REVIEW, every physician of the United States, should immediately write his representative at Washington protesting most earnestly against such an outrage.

Preventives which are sure have occupied the attention and exercised the ingenuity of many. It has been proposed to remove the uterine adnexa to prevent pregnancy. The *Medical and Surgical Regorter* in considering the ethics of the question, states that no operation in surgery has done or is doing more good for suffering humanity than that of the removal of the uterine adnexa for diseases. This makes it only important for the welfare of sick women, and for the good name of the profession, that the operatioa shall not be brought into disrepute by employing it for unworthy and unjustifiable purposes. This matter cannot too soon re ceive serious attention. The fact that oophorectomy is attended with so little danger to life, that the possibility of conception is permanently removed, and that the sexual appetite and full enjoyment of the congress remains in most cases, seem to render it inevitable that the women who now would seek abortion would not be long in deciding, on the one hand, between the immediate removal of the adnexa, and, on the other, the anticipated operation or operations of abortion. Moreover, that many who now resort to the comparatively harmless, conventional, though frequently inefficient means to prevent maternity, would prefer the permanent and absolute preventive is beyond question.

Recording Clinical Cases is among the most useful contributions to medicine and at this season, when hosts of new-made physicians are about to begin the active practice of medicine, when the medical teacher is nearly through with the absorbing duties of the college session, and when the family physician has a little respite from the treatment of winter diseases, preparatory to the onset of summer complaints, it is well to pause and form new resolutions in regard to the noting and the reporting of intesting cases, says the Maryland *Medical Journal*. The medical society is a great power in the profession for the quickening and development of intellectual life and for the breaking down of rivalries and prejudices among its members. If the young practitioner is ever to be a teacher of medicine, he will find a double light thrown upon his themes by notes made long ago at the bed-side, in those years when he was not overburdened with remunerative practice. The medical journal is especially dependent for its life and usefulness upon the labors of trained note-takers. Clearness of description, breath of view, and rapidity of composition are as a rule not born in the doctor, but wrought into him by persistant effort to depict in writing what he has discerned by the senses. There is a field of note-taking which has been little worked, and which belongs exclusively to the family physician. We refer to the keeping of family medical records. Our knowledge of diathesis and the influence of heredity in the production of disease is still very incomplete and chaotic. The life history of a disease-force must ever remain incomplete unless the records of all of the diseases of each of the members of a family or clan are at hand for comparison and study.

The Prevalent Fashion of Self-Medication is commented upon by the *College and Clinical Record*. The writer has had frequent opportunities to observe the growing tendency at the present day, among those wholly unacquainted with the action of medicines, to the self-administration of the most powerful remedies. Surely, never before these advanced days, has it been customary for men and women to prescribe for their own use, without consultation with medical men as to the proprieties of the case, medicines, which in large doses, are dangerous, even to a toxical degree. Should there not be some restriction upon the sale by pharmacists of many of these potent agents, not in the interest of the medical profession, but in that of the venturesome experimenters themselves, whose lives are often jeopardized by such injudicious self-medication!

Cooking is an art and to no one is a thorough acquaintance with certain portions of it of more value than to the physician. Keen says that every physician should have as perfect a knowledge of the inside of the kitchen as of the drug store, as far as the mode of preparing and cooking food for the sick is concerned. In almost all cases the diet is fully as important as the drugs that he prescribes, and the physician should be explicit in his directions to the nurse as to the kind and amount of food that is to be given the patient.

The St. Louis Medical Society Proceedings will hereafter be published in abstract in the REVIEW. The first installment appears in this issue, and it is our purpose to present a condensation of all that is interesting which is brought up, without making it so verbose as to weary our readers. The freshness of the news thus laid before our readers should make this feature an interesting one.

The Latest nickel-in-the slot machine doles out quinine. It will be welcomed warmly by the myriad victims of that abnormal linguistic adaptability of the drug clerk that enables him to match his "quynyne" to their "queeneen," and vice versa, to the invariable displacement of their psychical equilibrium.

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Uncured Gonorrhea in the Female.—Dr. E. R. Palmer writes (*Am. Pract. and News*) as follows:

A few words about uncured gonorrhea in the female. Ricord said that when old man Weller advised Sam to "beware of the vidders" he had in painful recollection the claps that in his younger days he had caught from that source. Be that as it may, who can surely say when a woman is cured of a clap, or what is perhaps of more importance, who can declare by any means at his command that a suspected woman is free of the disease? How commonly is gonorrhea contracted by some one from a subject who declares herself innocent of the disease, and points to a healthy vagina and frequent harmless congress with other men in proof of her claim. How often does the one-child mother with her history of pelvic phlegmon and her painful, fixed, and deflected womb demonstrate the invasion of the deeper organs by an old specific vaginitis through os and cervix made patulous by her parturition. Again and again have I expressed with a bivalve speculum through an apparently normal os into a pale, cool, dry vagina, a quantity of muco-purulent matter of specific character. Who then can tell of the possibilities of infection that lurk still further up in womb and appendages? It is not even necessary, as in the case of the male, to conjure up a relighting of anterior inflammation, a self-infection brought about by wine and the dance, for may not each menstruation serve as an agency to bring down the lurking virus for man's infection? Here, more them in any other way, to my mind, is found explanation of the commonly recognized danger of infection by sexual congress during the molimen. Surely something more than menstrual blood and a crumbling but normal endometrium must be looked to for the cause of this not infrequent catastrophe. In conclusion let me say, as of the women even more than of the men, gonorrhea is fraught with decidedly more danger than is syphilis.

Some of the Medical Uses of Fruits.—Although the following from an exchange, is rather long its interest is such as to excuse its prolixity. A noted authority of Philadelphia thus summarizes the uses of fruits in relieving diseased conditions of the body. It should not be understood that edible fruits exert direct medicinal effects. They simply encourage the natural processes by which the aids are brought about. "Under the category of laxatives, oranges, figs, tamarinds, prunes, mulberries, dates, nectarines and plums may be included; pomegranates, cranberries, blackberries, sumach-berries, dewberries, raspberries, barberries, quinces, pears, wild cherries and medlars are astringent; grapes, peaches, strawberries, whortleberries, prickly pears, black currants and melon seeds are diuretics; gooseberries, red and white currants, pumpkins and melons are refrigerants, and lemons, limes and apples are refrigerants and stomachic sedatives. Taken in the early morning, an orange acts very decidedly as a laxative, sometimes amounting to a purgative, and may generally be relied on. Pomegranates are very astringent, and relieve relaxed throat and uvula. The bark of the root, in the form of a decoction, is a good anthelmintic, especially obnoxious to tapeworm. Figs, split open, form excellent poultices for boils and small abscesses. Strawberries and lemons, locally applied, are of some service in the removal of tartar from teeth. Apples are correctives useful in nausea, and even sea-sickness, and the vomiting of pregnancy. They immediately relieve the nausea due to smoking. Bitter almonds contain hydrocyanic acid, and are useful in simple cough; but they frequently produce a sort of urticaria, or nettlerash. The persimmon, or diospyros, is palatable when ripe; but the green fruit is highly astringent, containing much tannin, and is used in diarrhea and incipient dysentery. The oil of the cocoanut has been recommended as a substitute for cod-liver oil, and is much used in Germany for phthisis. Barberries are very agreeable to fever patients in the form of a drink. Dutch medlars are astringent and not very palatable. Grapes and raisins are nutritive and demulcent, and very grateful in the sick chamber. A so called "grape cure" has been much lauded for the treatment of congestions of the liver and stomach, enlarged spleen, scrofula, tuberculosis, etc. Nothing is allowed but water and bread and several pounds of grapes per diem. Quince seeds are demulcent and astringent; boiled in water they make an excellent soothing and sedative lotion in inflammatory diseases of the eyes and eyelids.

Fracture near the Joint.—Dr. John B. Fattic desires to call attention (*Ind. Med. Jour.*) to some other symptons (bsides crepitus, preternatural mobility and sudden occurrence of mobility) which will serve us much better in the particular kind of cases mentioned above; they are, sharp fixed pain, the total helplessness of the limb containing the fracture, and the location and extent of hemorrhage. In some fractures, as for example those of the fibula, it sometimes happens that there is no crepitus, deformity or mobility, but by bringing a firm sweeping pressure along over the bone the fingers will reach a certain fixed point where there is elicited very sharp pain, the patient suddenly wincing as the sensitive spot is pressed upon. The persistence of this symptom is very suggestive of fracture, and the pain is due to the irritation produced by the sharp edges of the fracture against the soft parts. When, after a severe injury to a limb, the patient can not use the member, it is almost certain that we may have to deal with a fracture, and this symptom greatly assists us in making a diagnosis. As to the matter of hemorrhage: A patient receives an injury, and we find a bruise or

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wound at that place, but we also find an extravasation of blood at another not far distant point, of slow development and considerable in amount and extent. Had the bleeding occurred as a direct result of the injury, it would have appeared instantly at the wound, but here it occurs slowly and perhaps on the opposite side of the limb from the point of primary injury. The blood vessels of the bone being small and non contractile, slowly empty their blood into the soft tissues, where it seeks the point of least resistance, or where gravity may carry it.

Senn's Hydrogen-Gas Test.—Dr. Dawbarn stated to the N. Y. Academy of Medicine (*Ex.*) that he believed there were many objections to Senn's hydrogen-gas test for the determination of wounds of the intestine. Although he had never had an opportunity to try it upon the living subject, he had tried it twenty-two times upon the cadaver. The gas was stored in a large rubber bag and was pumped from the bag into the bowel by means of a Davidson's syringe. The result had been very great distention of the bowel, which in the living subject would be harmful. In all but two of the cases the hydrogen had found its way from the bullet wound which had been made in the intestine to the tube that was placed in an opening in the abdominal wall, and its presence had been ascertained by combustion when a flame was applied to the tube.

If a bullet wound, or other intestinal wound in which the test was applied, was clogged with feces, or if the lumen of the bowel was obstructed by fecal masses, the test would be unavailing. It was a well-known fact that not all bullet wounds of the intestine required treatment by abdominal section, for leakage from a wound might not take place if the wound was closely pressed by a coil or coils of uninjured intestine. On the other hand, the pressure of the hydrogen might force fecal matter out of a wound and into the peritoneal cavity and be followed almost inevitably by a fatal result unless an abdominal section was made. In those wounds of the intestine which occurred below the navel, abdominal section should be promptly performed and the hydrogen test would be unnecessary. On two occasions the application of the flame to the tube from which the hydrogen emerged had been followed by an explosion of the gas within the abdomen. If the conditions were ever such that a similiar explosion should take place in the abdomen of a living person the result would probably be disastrous.

Exhaustion of Grippe.—Among the numerous nervous sequelæ of grippe have been enumerated a large list of varying symptoms. Dr. Morton Prince makes the statement (*Boston Med. and Surg. Jour.*) that attention has often been called, and of late particularly by Althaus and Mills, to the affinity of the poison of influenza for the nervous system. Although Althaus, it seems to him, goes too far in relegating the inflammation of the mucous membranes to a place of secondary importance and in considering the disease as an essentially nervous fever, still it does not seem to him that the action of the poison upon the nervous system in cases of the bronchitic type is regarded in practice as having the importance that should be attached to it. Symptoms and physical conditions are ascribed to general weakness and exhaustion, which are in reality due to what might be better called a paresis of the nerve centers. In other words, the so-called exhaustion of grippe is not an exhaustion in the true sense of the word, but is really the expression of a true neurosis which is due to the toxic or paralytic effect of the poison on the nerve centers, just as the paralysis of diphtheria is toxic and not exhaustive. When both pulmonary and abdominal symptoms are absent, the neurosis stands out prominently in the foreground and is plainly recognized; but when these symptoms are present their more strikingly objective character overshadows the neurosis which in consequenee is apt to be overlooked or underestimated. A prolonged convalescence with its train of nervous symptoms and even death then come not unfrequently as a surprise. The fatal result, so often unexpected, is fully as much, in his judgment, due to this neurosis as to the bronchitis. The latter, if occurring by itself, would not be sufficient to cause death.

Emphysema.—For a case of emphysema with asthmatical paroxysms and profuse muco-purulent expectoration in the morning, and also with slight cardiac hypertrophy, in a man aged 28, Prof. Da Costa gave the following treatment (*Coll. and Clin. Rec.*):

For the emphysema:

℞ Ammonii iodidi, - - - gr.v.

And increase the dose to gr. x three times a day.

And as an expectorant to get rid of the mucus

℞ Ammonii chloridi, - - - gr.x,
Syr. zingiberis,
Aquæ, - - - - - aa ℥ss.

M.

Sig. Three times a day.

For the asthma:

℞ Tinct. veratri viridis, - - gtt.v.
Spirit. chloroformi, - - ℥j.

M.

Sig. Every morning and evening.

Discharge of Fetal Bones.—Dr. Z. Inouye reports in the Tokyo *Iji Schinshi* the case of a woman aged 37, who had never had any grave disease except three abortions. In 1885, she had a severe metrorrhagia and suddenly fell into stupor and unconsciousness which lasted three hours. After that, leucorrhea mixed with blood clots and having no fetid odor, continued more than thirty days. After this the abdomen began to gradually enlarge, but as time passed, it spontaneously decreased, until in March, 1890, fetid matter mixed with blood, intolerable pain of abdomen, high fever, etc., appeared and continued for a time. When Dr.

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Inouye was called to see her in November of the same year, she was much emaciated, anemic, pulse feeble, temperature 101.1°, and she had anorexia, thirst, constipation and vesical tenesmus. On inspecting the abdomen, an oval hard tumor lying at the left of the navel was found, but on account of severe pain it could not be examined, and vaginal exploration was impossible as there were much swelling and pain, and much purulent discharge in the vagina. After several days, the hard mass became softer and pain much relieved, and subsequently from the urethra, rectum and vagina, a large number of bones of an embryo were discharged (from the anus 38, urethra 33, vagina 1). The patient refused to be operated upon and died in February, 1891, of marasmus. Many of the bones were entirely white or dark colored, entirely deprived of other tissues and seemed to be those of an embryo of eight months or beginning of nine.

New Toxine in Urine.—Griffiths, of Edinburgh, who has been studying the ptomaines eliminated by urine in scarlet fever and diphtheria, reports (*Bact. World*), among other toxic agents, the discovery of an extremely poisonous substance which is closely allied to creatinine, one atom of hydrogen in the creatinine being replaced by the radical propyl. It is curious that a comparatively inoffensive substance should become so intensely poisonous as to be capable of producing death within a short time after administration, under the influence of the microbes peculiar to diphtheria or scarlet fever. A practical suggestion growing out of the observation, is, that it would be well to withhold beef tea, beef extracts, and the use of other meat preparations, as well as solid flesh foods of all kinds, in cases of scarlet fever and diphtheria, and to substitute milk, fruit juices, and farinaceous foods, which are generally recognized as being more suitable for patients under most febrile conditions. Klebs has made a similar observation respecting cholera nostras, having discovered a ptomaine which proves to be methylguanidine, an extremely poisonous substance evidently derived from guanidine, a substance possessing very little toxic power.

Abdominal Cyst in a Fetus.—Dr. A. T. Perkins, writes to the Texas *Courier-Record of Med.*: Through the courtesy of Dr. G. W. Burton, I was permitted to see a very unique and interesting case. Dr. Burton was called to see the woman, and upon an examination, found head in left oblique diameter, and labor progressing satisfactorily. In due time, the head was born. Awaiting sufficient time, and uterine contractions being of sufficient force, traction was made without any result, (the child being dead). He amputated the head, turned the child, and reversed the feet and legs up to the buttocks, when the same trouble was encountered. A messenger was despatched for me. Upon arrival and being very intelligently invested with the facts, I introduced my hand within the uterine cavity, and cut through the abdominal wall of the fetus with my finger nail, allowing a gallon or more of straw-colored fluid to escape, when delivery was speedily terminated. The woman made a satisfactory recovery. Dr. Burton has an enviable reputation of 30 years' experience, and having never met with such a case, thought it worth reporting.

Complete Absence of Urethra.—Dr. C. H. Voorhies writes to the *Medical Record:* Mrs. L——, married, gave birth to a male child on October 9, 1891. The child was to all appearance healthy, robust, and perfectly formed. Thirteen hours after birth it was discovered by the nurse that the child had passed no urine. The father was immediately sent after the doctor, who upon examination found the child had a malformed penis with no opening to the bladder. The doctor and nurse attempted an operation, but failed. I was immediately sent for, and assisted Dr. Burnside in making one. A tenotome was used, which, beginning at the meatus, was directed downward and inward to a point beyond where the ejaculatory ducts should open into the urethra, before we struck any canal. We then passed a probe through the opening into the bladder, and relieved the little one of the accumulated urine. For several days afterward the small probe was passed, and soon the child was able to void its urine alone, and is now a stout, fat, and well-developed baby. The child's penis at birth presented the appearance of one who had been circumcised or operated upon for phimosis. It was about one inch in length; the foreskin drawn back and notched upon the top. The glands and testicles were well formed and healthy in appearance.

The question now presents itself: Will this child (when grown to manhood) be able to beget children? Will nature restore the opening of the ejaculatory ducts into the canal made by human hands?

The Salt Shirt.—Dr. R. E. Nelson writes to an exchange as follows: "I read an article some time ago, on the remedies for night sweats, in which the writer omits one which I consider as, *par excellence*, the best of any I have ever tried, and which is a 'salt shirt,' prepared by immersing the shirt in a saturated solution of common salt, drying it thoroughly and having it worn next to the skin on retiring for the night. I have succeeded with this remedy, after the failure of all others."

Quinine Intoxication.—According to the *Medical Standard* quinine makers suffer from a scarlatinoid dermatosis accompanied with fever. The vapor from bottling is the chief cause. Ninety per cent of the workers are more or less affected. Blondes are more susceptible than brunettes. All the untoward effects recorded of quinine are to be found among quinine workers. Renal and nasal hemorrhages have been observed.

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Trigeminal Neuralgia.

Editor MEDICAL REVIEW.—The word neuralgia does not seem very formidable, but he who has battled with it as I have the last two weeks, will have all due respect for its power of resistence, and will not invite a second attack in the near future.

Mrs. W. G., after suffering intense pain for two days, called me to her bedside. I was informed that she was subject to periodical neuralgia, having had three attacks, the last one being about three years ago, each one lasting from ten days to two weeks.

Upon examination, I found it unilateral in character, the right eye and right side of the face being the seat of pain.

I prescribed antipyrine and quinine, ten grains of the former and two of the latter every three hours. This was kept up for twenty-four hours, with failure as the result.

I then gave her one-third of a grain of morphia hypodermically with fifteen grains of phenacetine, following, every three hours, and applied a blister over the right eye.

I found her next day suffering more than at any time, with vomiting as a complication. I then tried a subcutaneous injection of eight drops of chloroform at the root of the nerve, and directed to be given ten drops of tincture gelsemium every three hours.

But another day passed, the woman getting weaker and the pain no better. On the eighth day I called counsel in the case, who recommended bryonia. This was given a fair trial but failed. You may imagine the family and the doctors were getting somewhat discouraged by this time. As the last resort to conquer the pain, I tried chloroform by inhalation. This appeared to do some good, as the next day she was a little better.

On that day I received thirty grains of Siluria from St. Louis. This drug is a combination of the pine tar preparations, with camphor. I divided it into six powders, adding two grains of quinine to each powder, and gave one every two hours.

I was gratified on my arrival next day to find my patient entirely devoid of pain.

Did the last prescription do the work, or did the neuralgia succumb to the process of time and combination of remedies? I will say that at times I used atropine and morphia combined, hypodermically.

I would be pleased to hear from the profession on the treatment of this obstinate disease.

Oak Valley, Kas. J. D. KELLY, M.D.

Compound Fracture of Tibia.

Editor MEDICAL REVIEW.—On January 8, I was called to see a negro child with a broken leg. When I examined the leg I found it to be a compound oblique fracture of the tibia associated with a simple fracture of the fibula. The wound was a very large and ugly one, bleeding freely; about an inch of the lower fragment of bone was protruding through the wound.

I replaced the bones in their proper position, washed out thoroughly the wound with a solution of carbolic acid (1-20) and bandaged up the leg with the ordinary splints, interrupting one of them so as to redress the wound.

I redressed the wound every third day, always washing it out well, as above. The wound healed up at once without any suppuration or any bad symptom whatever. At the end of seven weeks I removed the splint, the child making a complete recovery without the least deformity. The important point is the strict antisepsis that was observed, thus avoiding the great danger of pyemia.

Talatha, S. C. W. S. EUBANKS, M.D.

New England Letter.

Editor MEDICAL REVIEW.—Dr. Porter, of the Massachusetts General Hospital at Boston, lately removed both breasts of enormous fibroma in a woman, aged 37. They had been growing three years; one was thirty-eight inches in circumference, and the nipple was seventeen inches from the breast wall. The other was twenty-eight inches from the nipple to the walls of the chest, and twenty-three inches in circumferences. The weight after removal of one was seventeen pounds, and the other forty-three pounds. The operations followed at intervals of three weeks and a good recovery followed. She suffered from the exhaustion of sickness on a sea voyage, took cold, and erysipelas came on from which she died. The case is interesting from its magnitude and rarity; less than twenty cases of this character have been reported.

The annual report of the State Board of Health of Massachusetts has appeared, and is always of unusual interest. The examinations of the adulterations of foods and drugs, and the microscopical study of milk are especially interesting. In over five thousand samples of food, eighteen hundred and more were found impure. Of drugs, one and eighty seven per cent were adulterated. Typhoid fever germs and poisonous sewage are more or less common in all the New England States, for the reason that nearly all the streams are used for water power, and large bodies of pounded waters become the source of drainage for the mill populations. The question of water supply and sewage are of equal importance to that of densely populated cities. Many of the great problems of the prevention of disease are solved in these mill towns in a small way, and the reports of what is done are practically the most suggestive of all literature on this subject.

A bill has been introduced into the Massachusetts Legislature to appoint a commissioner to hear and decide all matters of medical progress, at the call of the Governor. Sanitary and social questions; also matters relating to the practice of medicine and medical education, will be brought before this board.

Another bill has been introduced in the same legislature to make the manufacture and sale of cigarettes a criminal offense. This will of course be contested, and bring out a flood of literature for and against it.

Next to the prevailing influenza diphtheria has been epidemic in many sections and has defied all efforts to break it up. In some towns a lively apprehension prevails, and very unusual, quarantine measures are adopted. Funerals are forbidden, and families are isolated, burning and extensive fumigation follows.

Harvard Medical College has three hundred and fifty-three students. The four years' course goes into effect in September of this year. Over half of all the students have received literary and scientific degrees before beginning the medical course. Many of the professors occupy chairs heavily endowed, and thus are independent of the income from the students, and of course demand a higher degree of culture in the students who apply for a degree.

The Yale Medical School, although very old, and very respectable, has been in a state of marasmus for many years. Harvard and New York on opposite sides are a continual drain on its life. The medical college at Burlington, Vt., is next to Harvard, the largest in New England. The Boston, Dartmouth and Portland schools are like Yale, eminently respectable and honorable in the eyes of the profession. Thus the New England States hane five medical colleges teaching regular medicine, and the usual complement of other so-called schools and irregulars. These, with the schools at New York, Albany, and Montreal wonld seem to furnish ample opportunities for a medical education, and yet men without diplomas or other evidences of study, who rejoice in the name of *Doc.* are to be found in many sections. T. D. C.

San Francisco Letter.

Editor MEDICAL REVIEW.—At the meeting of the County Medical Society held on the evening of the 8th, Dr. Charlotte Brown read an extremely interesting report of her surgical work at the Children's and Woman's Hospital during the past year. She made fifteen laparotomies with a mortality of two. The fatal cases being (a) an old woman of 77 years, who sank from shock; and (b) malignant tumor of the peritoneum with the whole abdominal viscera adherent. Among the recoveries was a woman admitted with septic peritonitis, who, when placed on the table had a temperature of 103°, being practically moribund at the time. The abdominal cavity was thoroughly cleaned and a large glass drainage tube introduced; the temperature dropping at once the woman reviving easily and making a rapid recovery. This case is all the more remarkable as Mrs. Brown has, since June 1, 1891, with the exception of iodoform dressings, entirely discarded the use of antiseptics. The patients are prepared with soap and water, and the field of operation and instruments kept clean with water that has been boiled and strained through flannel. She has never seen any signs of sepsis since she adopted the method and is very enthusiastic over it. In her report was the account of an operation for the relief of nearly complete atresia vaginæ, there being a sinus large enough to pass a probe. There was found several ounces of dark blood dammed behind the closure which Mrs. Brown believes to have been retained menstrual secretion. The interest of the case is however in the fact that at the operation the woman was found to be four months pregnant and afterward going on to full term, being delivered of a boy weighing 9½ pounds. The Pathologist of the Hospital, Dr. D. W. Montgomery reported on the specimens removed by Dr. Brown and called particular attention to a fibroma which he presented to the Society. The tumor was pyriform in shape, as large as a fetal head, having the ordinary structure of a fibroma internally while externally it was laminated, being laid down in stratified layers, closely resembling the structure and arrangement of the cornea. It was very hard and dense and as Mrs. Brown said "cut like gristle." Dr. Montgomery stated that neoplasms having this composition were sometimes found springing from the visceral pericardium, pleura and peritoneum, but then the tumors were always flat. He was unable to classify the specimen.

The general health of the State is at present very good. In the country the epidemics of measles and scarlet fever are diminishing and my friends from the foothills and in the south write me that "it is getting distressingly healthy." In the City the spread of scarlet fever, measles and diphtheria appears to be spreading from the mortuary reports during March, while the general talk of the profession is, "times are very dull" and "very little sickness." In looking over the books at the Health Office I wrote eight deaths from "meningitis" during the first eight days of March. This seems very high, yet no attention has been called to it. La grippe is gradually dying out in the State, but I hear it is raging with fearful violence in Alaska, especially among the Indians.

The quarantine at Angel Island has been raised. They had in all fourteen cases of small pox. The patients are still on the Island but will be discharged as rapidly as convalescent. S. J. HUNKINS.

Buffalo Letter.

Editor MEDICAL REVIEW.—At a recent clinic, Prof. Chas. G. Stockton took occasion to object to the arbitrary division of phthisis into stages, instancing a post-mortem which he had just witnessed at which miliary tuberculosis, bronchitis, broncho-pneumonia and cavities were all illustrated. Hemoptysis, he said, should be

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treated mainly with absolute rest in bed, visitors being excluded. The diet should be of cold milk, purgatives being given occasionally and the bowels moved into a bed-pan. Minute physical examination should be postponed till the hemorrhage had ceased. Opium may be given to relieve restlessness and the apprehension of danger. As a direct check to the hemorrhage, ergotin may be administered hypodermatically. Sometimes the application of ice to the chest is beneficial.

Prof. Stockton showed a case of acute articular rheumatism in which twenty grains of sodium salicylate every two hours had proved insufficient and the dose had been increased to forty grains, the heart being fortified with digitalis, and inside of forty-eight hours the pain had disappeared. The pulse, however, had become intermittent and the salicylate treatment was suspended. Emphasis was laid on the point that in acute articular rheumatism, salicylates are almost soecific and must be pushed according to the effect, there being no arbitrary dose. A comparison was made to the use of quinine in malaria.

On account of misinformation the writer did Prof. Roswell Park an injustice in ascribing to him the practice of anointing the neighborhood of wounds with vaseline in order to prevent the sticking of dressings. Dr. Park says that cultures of bacteria can be made from ordinary vaseline and that his ointment contains 5% of resorcin, 5 to 10% of naphthalin, and it is prepared at a temperature of more than 100° C., so as to insure the absence of bacteria. It is, therefore, not only useful to prevent the sticking of dressings and to make the process of redressing less painful to the patient and less tedious but it is in itself antiseptic and it also prevents the irritating effects of the outer gauze and cotton dressings. The writer feels that a particular apology is due Dr. Park since the latter by his teaching, his scrupulous care at operations and by his exhaustive pathological and bacteriological investigations, has done far more than most surgeons to place antisepsis before the profession as a real and practical issue.

On March 2, a laborer in the Niagara Falls tunnel had his back broken and sustained other injuries by the caving in of earth and wood-work. At midnight Dr. Park opened into the spinal canal and found the cord terribly lacerated and one filament of cord tissue had been floated upward by hemorrhage so that it lay outside the vertebral arch. The last three dorsal arches were excised, the clots and debris removed and the wound closed. A week later the patient is doing well and the wound had not called for redressing. Paraplegia still remains and though the patient is likely to recover, it is doubtful if the cord will resume its functions.

Prof. Charles Cary showed in clinic two cases of pericarditis; one a woman presenting marked back-and-forth friction sound, the other a boy in the second stage with the heart sounds muffled and the cardiac strength enfeebled by the effusion. After the clinic the pericardium was aspirated, six ounces of yellowish, green serum being removed. The impingement of the heart against the small canula could be plainly felt and seen.

Scarlatina of rather mild type is quite prevalent in Buffalo though by no means epidemic. Grippe seems to have disappeared. Diphtheria is occasionally seen. A homeopathic physician had a number of cases of throat trouble in the same house. A servant who left spread the report that the disease was diphtheria. The doctor said it was not diphtheria but "diphtheritic sore throat" and was so positive that he invited an examination by the board of health. The physician detailed to make the examination found only one child ill at the time, but on the tonsil was a whitish patch too large to be the result of follicular tonsillitis and he was forced to conclude that the disease was diphtheria in mild form. By the way, the incorrect and misleading term "diphtheritic sore throat" is almost obsolete with the regular profession of Buffalo.

The corps of instructors of the University of Buffalo have organized a journal club for the purpose of studying foreign current medical literature. Through its various members the club will be able to translate from nearly all the European languages modern and ancient. Absence from two consecutive meetings or failure to present reports according to schedule will cause a forfeiture of membership. Reinstatement is provided for, however, if a good excuse is furnished.

Advance copies have been received from J. H. Chambers & Co., of St. Louis, of Prof. Park's Lectures on Surgical Pathology, comprising the Mutter Lectures, delivered before the Philadelphia College of Physicians. The book is a reprint from the *Annals of Surgery*, and contains about 300 large pages.

The question of uniting the various local medical societies into an Academy of Medicine, first discussed publicly late in 1891, is in the hands of a joint committee representing the existing societies. Although the opinion is expressed by some of the less enthusiastic members of the profession that such a union will fail to incite additional study and will bring few, if any, more physicians into the circle of "workers," almost no opposition has as yet been manifested and the proposition meets with quite general favor. A. L. B.

University Riots in Italy.—A moral cyclone has agitated the groves of the Italian Academa. Beginning at the University of Naples, where a law professor inflicted personal chastisement on a contumacious student, the disturbance has involved the whole academic life of Italy, till not a single seat of learning from Turin to Palermo, from Padua to Cagliari, has escaped. So wide has the chasm between professors and students become that in the majority of the schools all work has been suspended, and the time that should have been devoted to tuition on the one hand and to classes on the other has been filled by indignation meetings of the insubordinate youths.

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St. Louis Medical Society.

The regular weekly meeting of the St. Louis Medical Society was held Saturday night, March 19, President Coles in the chair.

There were no reports from the committees or extraordinary business.

TRACHOMA.—Dr. A. D. Williams read an interesting paper on "The Treatment of Granulated Lids." He called attention to the old treatment by means of escharotic remedies and the great length of time it requires for such remedies to produce permanent effects, requiring from six to twelve months; the new method as advised by a Russian ophthalmologist and which he had practiced successfully in nine cases was more certain and rapid. The operation consisted, in most cases of trachoma, of scarifying the parts and brushing the lids with a stiff brush. His first case he scarified and brushed but found the hemorrhage excessive; in the later cases he only had used the brush. When deemed necessary he used cocaine. The lids were treated afterwards with an antiseptic solution and later, if necessary, a slight application of sulphate of copper was applied. In this manner he had been successful in curing in from five to six weeks.

The paper was discussed by Drs. Pollak, Dickinson, Johnston and others.

Dr. Pollak exhibited an instrument introduced by A. E. Prince of Illinois, which he thought preferable to the use of the brush.

A member stated that he had used Prince's instrument but only for two weeks so he could not speak authoritatively in regard to it. The instrument, however, he claimed was not new, being a return to the old Hippocratic method; sustaining his position by two quotations from the original Greek.

A spirited discussion then took place between Drs. Williams and Johnston as to what the former meant by "scum" over the eye.

OSTEO ARTHRITIS.—Dr. Prewitt presented several specimens showing the effects of osteo-arthritis. He reported one case, and presented the specimen of tuberculous knee joint. The case had been treated thoroughly by constitutional treatment but resection was finally determined upon. During the operation it was seen that amputation was necessary and was perforated, the wound being left open and allowed to heal by second intention. Attention was called to the fact that in osteo-arthritis, crepitation being present at times, fractures must be excluded in a diagnosis.

DOUBLE COLLE'S FRACTURE.—Dr. McIntyre reported a case of double Colle's fracture in which the result was perfect.

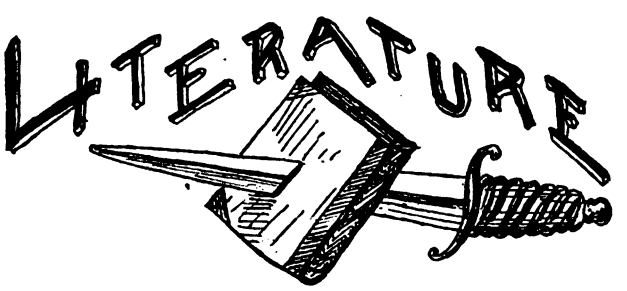
Dr. Broome asked if the introduction of a drainage tube in Dr. Prewitt's case would not have been preferable to leaving the wound open. (It looked for a while as though the McGroarty case would be re-opened).

Dr. Prewitt did not think the use of a drainage tube advisable. The principal advantage of healing by first intention was its rapidity. In such tuberculous patients the least failure to unite entirely made the wound virtually an open one and that as regards statistics the reports of Link, of Terre Haute, showed the mortality to be less in treating by the open method.

The Existence of a Tonsil Should be Regarded as a Disease.—Dr. F. H. Bosworth said before the N. Y. Academy of Medicine, that ten or eleven years ago he had made the assertion that practically there is no tonsil in the healthy throat. The existence of a tonsil should be regarded as a disease to be dealt with summarily and promptly. As to symptoms, he did not think snoring and interference with breathing was to be attributed to enlarged tonsils, but rather to enlarged so-called third tonsil or enlarged glands in the pharynx. He did not believe that enlarged faucial tonsils gave rise to difficult breathing, or nasal catarrh, or difficult hearing.

What tonsils should be cut out? All tonsils should be cut out. Tonsils meant diseased lymphatic tissue, which if it remained a sufficient length of time would then continue to exist during life. It had been said that tonsils disappeared at puberty, but he could say they did nothing of the sort. They shrank up at puberty, but in doing so they become a source of no inconsiderable trouble, especially in forming places for the accumulation of mucus which would undergo cheesy degeneration. Continuing, Dr. Bosworth asked, What constitutes a healthy tonsil? How were we to tell? How many children were in a state of absolute health regarding their lymphatic glands? When the glands were enlarged he assumed that they were diseased. Yet he would not say remove every tonsil. But as soon as a so-called enlarged tonsil caused symptoms he would remove it.

As to mode of operating, he condemned the electro-puncture, which sometimes required even fifty or sixty sittings, whereas a second was sufficient time by the knife. Moreover, the reaction following electro-puncture stimulated the formation of connective tissue, and created a worse condition than the one which it was intended to remove. As to the knife proper, it required a wonderfully skilled surgeon to use it safely in a struggling child. He preferred the French tonsillotome to Mackenzie's. He did not consider tonsillotomy a dangerous operation; he knew of no recorded death from it by a surgeon. No surgeon would cut the carotid artery. He had seen no serious hemorrhage in the child, but in adults there was more or less perplexing bleeding, and he there employed the cold snare. As to removal of part of the tonsil only, he regarded it about as justifiable as taking off only a part of a uterine fibroid. Something was left which could be of no further use than to act as a trap for disease.



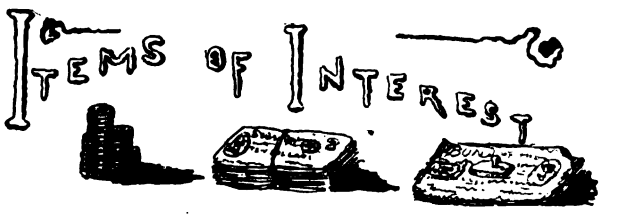
The Principles and Practice of Medicine.

Designed for the Use of Practitioners and Students of Medicine. By WILLIAM OSLER, M.D., F.R.C.P., (Lond.). 8 vo., pp. 1,079. [New York: D. Appleton & Co. 1892. Sold only by subscription. Prices, cloth, $5.50; sheep, $6.50; half morocco, $7.00.

Up to the present time no book on the principles and practice of medicine which we have had an opportunity of examining can compare with the one before us. It is the work of a physician who occupies a prominent place in the foremost rank of the profession not only in America but abroad as well. An acute observer, accurate in his methods, and complete in the mastery of details he has brought to bear in this, his most extensive work, a large and varied fund of information enriched by an amount of experience such as falls to the lot of but a favored few. We state this advisedly; and, a critical examination of this book will bear us out fully in every respect.

The author is thoroughly abreast of the times and he treats of the bacteriological relations which processes sustain to pathological conditions in a manner which is thorough and comprehensible. He is no bacteriomaniac, on the one hand; nor is he bacteriophobic on the other. He discusses the various subjects of medicine in a critical, unimpassioned manner his object being to present the reader with principles supported by facts and clinical evidence. He does not hesitate to indicate moot points and undetermined questions and his therapeutics are wholesome and reliable.

Of course, the subjects are disposed of in comparatively a few words. At least, that is the impression conveyed to the reader and this because he would fain read more upon the subject. When an author writes as well and in such an instructive and entertaining manner, we always regret that there was not more. To the practitioner this book will be a welcome addition to the reference library. It will be a friend ever ready in times of need. To the student it will form a guide of the highest worth. Space forbids our saying all the words of praise it deserves. We can conscienciously recommend every student and practitioner to obtain a copy of this magnificent work as the most thorough and complete one of its character published up to the present, and as a thoroughly reliable and comprehensive treatise on the subjects with which it deals.



The Next International Congress on the subject of the abuse of alcoholic liquors will be held at the Hague in September next.

The Retina of a Living Eye was first seen in 1851. The interior of that most wonderful of all musical instruments, the living larynx, was first seen by Garcia in 1854.

The Senatus of the University of St. Andrews has resolved to confer the honorary degree of Doctor of Laws upon Professor Michael Foster, M.D., of Cambridge, and Professor George M'Leod, M.D., of Glasgow.

A Question asked by an exchange is as follows: Will any of our readers help us out in the following inquiry:

"ROSINDALE, January 25.

"DEAR DOCTOR:—Do blowing a harp injure the eyesight?

"Yours, truly,

"_____."

Society for the Help of Discharged Lunatics.—The French Minister of the Interior has sent a circular note to the prefects of the different departments relative to the creation of benevolent societies whose object it should be to help lunatics discharged from asylums. Many insane persons are perfectly harmless, and are only kept in asylums because they have no means of support and are incapable of earning their living. The Minister urges on the prefects the desirability of their promoting the establishment of charitable societies for the purpose indicated.

The Trials of a Medical Student are indeed onerous says the *South. Pract.* He poses perforce as a student, doctorem in arte medendi in esse, and the expositor of every thing that is abstruse and mooted in his profession. The laity take a sinister delight in propounding the most momentous questions that ignorance and inquisitiveness can conjure up. They ask for an explanation of the most occult facts in nature, and the poor student is expected to explain theories and demonstrate facts that have occupied the attention of the most eminent and erudite men who have struggled before us. It is not altogether bad. While it begins a practice of attempting to explain things of which we know nothing, still it inculcates the invaluable habit of looking at things in a catholic, independent sort of way, and inspires a greed for more specific and definite information.

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Dr. D. Hayes Agnew, was stricken with bronchial troubles and is very sick at Philadelphia.

Dr. Tidy, who testified for the prosecution in the case against Mrs. Maybrick for poisoning her husband, is dead.

James Ross, M.D., F.R.C.P., LL.D, the well known writer on nervous diseases, died recently at the age of 55.

Rectococcypexy is one of the recent innovations of surgery. It is a question as to which is the more dangerous, the name or the operation.

The Number of medical practitioners in Munich, according to the most recent enumeration (1892), is 387, which gives a proportion of 1 doctor to 902 inhabitants.

Frederick J. Hamilton, a New York newspaper reporter is reported dead. His death was caused by typhoid contracted while "writing up" the disease.

Dr. S. F. Smith, editor of the *Truthful Witness* and late candidate on the People's party ticket for Lieutenant-Governor, dropped dead near Frankfort, Ky.

The Practicing Physician is the name of a new medical monthy which his just appeared in Unionville, Mo. It is an octavo of 16 pages, edited anonymously.

The New York Board of Health has commenced an investigation with regard to the sensational changes of mismanagement at the Pest House which have recently been made.

Medical Practice in the Argentine Republic is not exactly what it is believed to be. The financial inducements are poor and it is proposed to pass a law forcing all those who intend to practice to graduate in that country. This means a course of study extending over five or six years.

There has been recently formed at Paris a society of foreign doctors practising in France. In Paris it is estimated there are 250 foreign practitioners, more than one-tenth of the total number. Most of them have studied in Paris, and possess a French degree; a few only have settled in France after having practised elsewhere.

Bride or Jail.—The finale of the senational arrest of Dr. W. Warren Perry, within five minutes of the altar rail at Elizabeth, N. J., Monday night, was enacted at Ottowa, Ill., in Probate Judge Hall's private office recently when the Doctor was married to Miss Minnie Borga, the pretty Peru girl who caused his arrest. It was a case of bride or jail, and he chose the bride.

Alger County Mich., is said not to have had a physician residing in it since it became such.

Leprosy in Spain.—Leprosy has been on the increase in different parts of Spain for some years past, and the extension of the disease has at last aroused the attention of the Goverment. On February 16th, the Director-General of Beneficence and Sanitation sent a circular letter to all governors of provinces calling on them to take such steps as may seem necessary under the circumstances.

The Smallest Medical Society is in Indiana. The *Ind. Med. Jour.* says: We notice in the Transactions of the Indiana State Medical Society for 1891 that the Decatur County Medical Society consists of only two members—one is the President, the other the Secretary. This is the first instance, so far as we know, that any medical society in the West has had enough offices to go around.

The Seutin Prize.—The Seutin Prize of 5,000 francs (£200) for 1890 91 offered by the Brussels Royal Society of Medical and Natural Sciences for the best essay on "The Etiology, Diagnosis, and Treatment of Inflammations of the Fallopian Tube" has been awarded to Dr. Theodore Landau, of Berlin. The essay, which is written in French, will be published by the Royal Academy of Brussels.

Strict Emigrant Regulations.—The Hamburg-American Packet Company, in conjunction with the Prussian authorities, has arranged that all Russian emigrants intending to proceed to the United States in the Hamburg-American steamers shall be inspected by experienced doctors before entering Prussia. Any suspected of being infected with diseases will not be allowed to enter the country. All the emigrants' lodgings in Hamburg will be carefully supervised and a third examination will be made by two physicians under the direction of the United States Consulate at Hamburg before the emigrants are permitted to embark upon the steamer.

The Committee appointed at the last meeting of the American Medical Association to consider the best means for promoting the prosperity of the sections of the Association will hold an adjourned meeting in the Hotel Cadillac, Detroit, Mich., June 6, at 8 P.M.

Members of the Committee are requested to notify the Chairman of their intention to be present at this meeting.

The Committee would esteem it a favor if each member of the Association would communicate in writing his or her views concerning the best measures for promoting the development of the sections. Such communications may be sent to the Chairman of the Committee.

JOHN S. MARSHALL, M.D., Chairman,
9 Jackson St., Chicago.

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Florence Nightingale, now 72 years old, has been very ill with the grip.

Last Year nearly a thousand people killed themselves in Paris. The favorite mode of suicide was by drowning, by which 231 unfortunates put an end to their existence.

Annie Louise Cary-Raymond has given to the Maine General Hospital, in which she has always felt a profound interest, enough money to fit up three rooms for the use of patients.

The N. C. O. Medical Society will hold its eleventh annual meeting at Mansfield, O., March 25, 1892. The meetings of this society are always interesting. Dr. R. Harvey Reed is the President.

The Man Has Been Found who established the first dispensary. His name was Theophraste Renaudot (*Medical Record*). And now it is proposed to erect a monument to his memory. Never!

Boils may be aborted, says an exchange, by energetically painting them several times a day with strong tincture of iodine. The application should be made strong and frequent enough to make the painted portion appear black.

Garner, who is studying the language of monkeys, has found a worthy imitator in Dr. Louis Prevot, a Frenchman, who is studying the language of chickens. He is soon to present a memoir on the subject to the French Academy of Sciences.

A New Law is proposed for the regulation of the practice of medicine in France. It is to render ineligible to graduation as physician, midwife, or dentist, any person who has been found guilty of any crime. At present, no such provision exists.

The Martha Parsons Free Hospital for Children, of St. Louis, had a new annex formally opened March 13. This annex was erected to the memory of Augusta Hardaway, the deceased daughter of Dr. W. A. Hardaway, by the latter.

Tubercle Bacilli can be materially changed, so far as their pathogenic properties are concerned, by sojourning in chickens. At least, this is the claim made by Grammetschikoff, who states that he has materially mitigated their virulence as shown by reinoculations.

Saccharine is advised by some physicians as an excellent means of correcting alkaline urine. Given in five-grain doses in capsules four times a day, it has been known to change the alkaline urine to acid urine in from twenty-four to forty-eight hours in numerous instances.

Comparative Anatomy, we have been informed, is taught in the medical department of Toronto University. Our readers may remember the statement in the issue of the REVIEW for March 12, that it was not taught in any American medical college. We are pleased to make the above correction.

Dr. Pinckney French, of St. Louis, was recently sued for malpractice in that city. The verdict of the jury was against the doctor resulting in assessing him $1 and costs. The controversy seemed to have hinged on a posterior flap and the expert testimony given was as varied as could have been desired.

The Study of Dermatology has certainly made great advances since the writer was a student (*Times and Register*). At that time he heard a lecturer who occupied the chair, state that skin diseases were very rare in America; and that of those seen here, more than half were syphilis and the rest eczema.

Success in Business depends largely upon the individual and his methods. The individual must have energy, industry, personal character, a knowledge of the details of the business and ability to master them without becoming a slave. As a rule it is one very easily applicable to the practice of medicine.

Investigating the Keeley "Cure."—New York State has refused to undertake to investigate the Keeley Institute, which has been established in a neighboring county. This is a sensible act. On the old principle of giving the calf enough rope, we believe that the "Institute" will work out its own end.

The Cause of Baldness, says a recent German writer, is too much barbering. In support of his theory he instances long-haired artists who never trouble the barber and have a plentiful stock of hair, but he forgets that such people are usually killed off by an outraged populace before they get old enough to be bald, says the *Medical Record.*

Mutilations of a Library.—The Committee on Library of the N. Y. Academy of Medicine has reported two mutilations of books, the first to occur in a number of years. It was supposed that persons not members of the Academy must have committed the deed. Members were requested to report any act of the kind which might happen to come under their observation while using the library.

The Cincinnati Academy of Medicine elected the following officers as its annual meeting held March 7: President, Geo. A. Fackler, M.D ; First Vice President, E. G. Zinke, M.D.; Second Vice-President, W. S. Tingley, M.D.; Treasurer, Geo. E. Jones, M.D.; Secretary, T. V. Fitzpatrick, M.D.; Trustees, W. H. Wenning, M.D., F. W. Langdon, M.D., C. D. Palmer, M D.; Librarian, B. K. Rachford, M.D.

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The Physician who values his time and advice is the man who is appreciated.

Diuretin.—Ghillany calls attention to the property possessed by diuretin of absorbing carbonic acid from the air and so becoming insoluble. He recommends that for dispensing purposes a solution of the drug in distilled water should be kept in well-stoppered bottles.

Solubility of Salicylic Acid.—To increase the solubility of salicylic acid in water the addition of 1 part of acid to 100 parts of glycerine and 150 parts of water gives, it appears, the best results. This mixture is clear and miscible with water without any alteration.

The German Emporer has received the report of Professor von Bergmann on the building of the Langenbeck House, and has presented a bust of the late Empress Augusta, who was much interested in the enterprise and in medical affairs generally, as its first ornament.

Considerable Excitement has been caused amongst the members of the Medical Faculty of Havana by a proposal of the Spanish Minister of Foreign Affairs to take away the power of the University to grant the degree of Doctor of Medicine, thus reducing it to the position occupied by Barcelona, Zaragossa, and other Provincial Faculties in the Peninsular which can only grant a license, the Central or Madrid University being alone empowered to grant the doctorate.

A Tribute.—In recognition of Prof. J. M. Da Costa's distinguished labors in medical science, of his beneficent services to the community, and of the high personal esteem in which he is held, it has been proposed by a number of his friends to have two portraits painted,—one to be presented to the College of Physicians of Philadelphia, of which he is an ex-President, and the other to be presented to the Jefferson Medical College, which for more than a quarter of a century has been the chief arena of his medical teaching. To this end, a committee, representing these two institutions and his friends, has been formed to solicit subscriptions.

Thorough.—The *Hospital Gazette* tells the following tale of the rapid rise of a medical man in London into fashionable business, on the authority of a fellow practitioner, and possibly an envious rival. He was conversing with a lady's maid in an aristocratic family, one of whose junior members he had been attending, and he ventured to ask, "How is it that the Duchess thinks so much of Dr. Goosely Robinson; usen't she to be a homeopath?" "Oh, yes, sir, she was, but this new doctor just suits her Grace; he's very pleasant in his manner, and even when there's nothing the matter with her he examines her so very carefully—in fact, you know, *stereoscopes* her all over."

Asafetida is said to be chewed as a luxury in India.

Amendments.—The following amendments to the by-laws will be considered at the next meeting of the American Medical Association:

1. That Thursday morning's general session be omitted, and the time be devoted to Sectional work.
2. That the Committee of Necrology be abolished, and the work of that Committee be made the duty of the editor of the *Journal*.
3. That all business matters of the Association be referred, without discussion or comment, to an Executive Committee composed of two members to be appointed by each State Society in affiliation with this Association, who shall carefully consider and recommend such action as they may deem most advisable.
4. That the time of meeting of the Sections be from 9 A. M. to 12 M., and from 2 to 6 P. M., and that the time of the general sessions begin at 12 M., and continue until adjournment.
5. That Wednesday be the day for the delivery of the President's address.

Some Funny Fads for which homeopathy—for its sins!—is held responsible by the outside world, now and then force themselves on the afflicted attention of those who would fain see homeopathy an honest and honored science among sciences, and not a cloak to cover the motley wear of the race whose badge is cap and bells says the New England *Medical Gazette* (hom.). One of these fads—fortunately harmless, so far as injury to humanity is concerned!—is the gravely ordered administration of water—Croton or Cochituate, as the case may be—in small and infrequent doses, to folk who are or imagine themselves to be—the treatment in the latter case often achieving surprising results—the victims of diseased conditions. There is usually placed in the bottom of the vial rinsed out, for a greater or less number of hours according to the taste and fancy of the players of this entertaining game, with gallons of the water afore-mentioned, a pellet or two prepared from some innocuous drug-substance, or less innocuous and much more unpleasant disease-product, oftenest of a nature unmentionable in polite society. The pellet having been duly washed out of existence—though lost to sight, to memory dear,—the water continues to run into the vial until the rites and incantations are complete; and then ——?

And then the usefulness of this remarkable proceeding, which had been obscure indeed to the uninitiated onlooker, becomes, in a moment, gloriously apparent. For the Croton water, whose value per gallon was incalculably small when first the tap was turned and it began its downward dribble, when the tap is turned off is salable, to a small and select fraternity, at the very handsome figure of $16 per ounce!! Great is the magic of the fad, and wise and fortunate he who floats upon its current into a haven whose sands are all of gold.

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The Source of False Hair.—The English Consul at Canton says that 80,000 pounds of human hair have been exported from that city during the past year, and that it comes mainly from those who have died of contagious diseases, mendicants, and criminals.

Chinese Lepers Numerous in Canada.—The British Columbia Legislature has passed a resolution calling upon the Canadian Government to establish and maintain a lazaretto in the Province for the care of Chinese lepers, who are becoming numerous on the Pacific Coast. It is not probable the Government will accede to the request.

Horrors of Child Marriage.—The following horrible details, from medical observation, of the atrocities legalized under British rule in India in the marital possession of little girls, are extracted from a memorial to the Government, signed by fifty-five professional ladies practicing medicine in that country, says an exchange.

The following instances have come under the personal observation of one or another of the practitioners:

A. Aged 9. Day after marriage. Left femur dislocated, pelvis crushed out of shape, flesh hanging in shreds.

B. Aged 10. Unable to stand, bleeding profusely, flesh much lacerated.

C. Aged 9. So violently outraged, as to be almost beyond surgical repair. Her husband had two other living wives and spoke very fine English.

D. Aged 10. A very small child, and entirely undeveloped physically. This child was bleeding to death from the rectum. Her husband was a man of about 40 years of age, weighing not less than eleven stone (154 lbs). He had accomplished his desire in an unnatural way.

E. Aged about 9. Lower limbs completely paralyzed.

F. Aged about 12. Laceration of the perineum extending through the sphincter ani.

G. Aged about 10. Very weak from loss of blood. Stated that great violence had been done her in an unnatural way.

H. Aged about 12. Pregnant, delivered by craniotomy with great difficulty, on account of the immature state of the pelvis and maternal passage.

I. Aged about 7. Died in great agony after three days.

K. Aged about 10. Condition most pitiable. After one day in hospital was demanded by her husband for his "lawful" use, he said.

L. Aged 11. From great violence done her person, will be a cripple for life. No use of her lower extremities.

M. Aged about 10. Crawled to hospitul on her hands and knees. Has never been able to stand erect since her marriage.

N. Aged 9. Dislocation of pubic arch, and unable to stand, or put one foot before the other.

Yellow Fever at Santos.—Late advices from Rio de Janeiro describe the situation at Santos as appalling. The mortality from yellow fever is something frightful and no efforts are made at quarantine. Living patients are placed with those deceased in the dead-house and the authorities seem to be unable to cope with the disease.

U. S. Marine-Hospital Service.—A board of officers will be convened in Washington, May 2, 1892, for the purpose of examining applicants for admission to the grade of Assistant Surgeon in the U. S. Marine-Hospital Service.

Candidates must be between twenty-one and thirty years of age, graduates of a respectable medical college, and must furnish testimonials from responsible persons as to character.

The following is the usual order of the examination: 1, physical; 2, written; 3, oral; 4, clinical.

In addition to the physical examination candidates are required to certify that they believe themselves free from any ailment which would disqualify for service in any climate.

The examinations are chiefly in writing, and begin with a short autobiography by the candidate. The remainder of the written exercises consists in examination on the various branches of medicine, surgery, and hygiene.

The oral examination includes subjects of preliminary education, history, literature, and the natural sciences.

The clinical examination is conducted at a hospital, and when practicable candidates are required to perform surgical operations on the cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order, as vacancies occur.

Upon appointment the young officers are, as a rule, first assigned to duty at one of the large marine hospitals, as at Boston, New York, New Orleans, Chicago, or San Francisco.

After four years' service Assistant Surgeons are entitled to examination for promotion to the grade of Passed-Assistant Surgeon.

Promotion to the grade of Surgeon is made according to seniority and, after due examination, as vacancies occur in that grade. Assistant Surgeons receive $1,600, Passed-Assistant Surgeons $1,800, and Surgeons $2,500, a year. When quarters are not provided, commutation at the rate of $30, $40, or $50 a month, according to grade, is allowed.

All grades above that of Assistant Surgeon receive longevity pay, 10 per centum in addition to the regular salary for every five years service, up to 40 per centum after twenty years' service.

The tenure of office is permanent. Officers traveling undder orders are allowed actual expenses.

For further information or for invitation to appear before the Board of Examiners, address

(Signed) WALTER WYMAN,
Supervising Surgeon-General, M.H.S.

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Trichinosis.—An epidemic of trichinosis is reported in the town of Coleraine in Franklin County, Mass., in which about thirty persons have been taken ill and two deaths have occurred. These persons were taken ill about February 1, and their illness is probably due, as usual, to the eating of raw or imperfectly cooked pork. The persons affected are mostly Austrians, Bavarians, and French Canadians, operatives in a mill in Coleraine. With one exception, all the persons attacked are convalescing.

Meetings of Medical Societies.—The following is a partial list of the meetings which will take place in Mav and June, 1892:

American Medical Association, Detroit, June 20.
Colorado, Denver, June 21.
North Dakota, Grand Forks, May 28.
South Dakota, Salem, June 8.
Illinois, Vandalia, May 19.
Indiana, Indianapolis, May 12.
Iowa, Des Moines, May 18.
Kansas, Fort Scott, May 3.
Michigan, Flint, May 5.
Minnesota, St. Paul, June 15.
Missouri, Pirtle Springs, May 17.
Nebraska, Omaha, May 10.
Ohio, Cincinnati, May 3
Oregon, Portland, June 2
Wisconsin, Milwaukee, May 4.

New Buildings for the Jefferson Medical College of Philadelphia.—The Board of Trustees and the Faculty of the Jefferson Medical College have just completed the purchase of two large lots on Broad street, giving them a frontage of about 300 feet, and a depth of 150 feet, upon which they will proceed at once to erect a handsome hospital, lecture hall and laboratory building. The estimated cost of the buildings is $500,000. The hospital will be built, not only to care for the sick and injured, but also will be provided with a large amphitheater for clinical lectures. The basement of the hospital will be given over to the various dispensaries, each of which will be provided with large waiting and physicians' rooms, as well as rooms for direct teaching of the students. The buildings will be absolutely fireproof, and provided with patent sprinklers in case their contents catch fire. By the erection of these three commodious buildings the laboratory where delicate work with the microscope or apparatus is carried on will be separated from the college hall where didactic lectures are given and so will be free from any jarring produced by the movements of large classes. Immediately across the street is the Howard Hospital, and on the adjoining corner the Ridgway branch of the Philadelphia Free Library, which contains all the scientific works belonging to this wealthy corporation. The buildings will be ready for occupancy in the session of '93–'94.

In a Recent Issue of an Edinburgh evening paper, a story appeared to the effect that for several years the various batches of residents at the Royal Infirmary had fallen into the habit of practical joking, and our contemporary asserted that "lately these performances have been getting rougher and more personal. The latest little pleasantry was a process of blistering. The victim was set upon by five or six men, against whom, of course, he had no chance, although it is said he struggled gamely, knocking one of his assailants down before he fainted. Others have been bathed."

Congress of Criminal Anthropology.—The Congress of Criminal Anthropology in its relations to Sociology and Biology, will hold its third meeting at Brussels from August 28 to September 3, 1892. The following programme of subjects for discussion should prove attractive, not only to scientific criminal anthropologists, but to alienists, medical jurists, criminal lawyears, and practical politicians:

1. The physical, intellectual, and moral characteristies of born criminals; is there an anatomical type distinctive of criminals?
2. Suicide and insanity in criminals.
3. Influence of simulation on the production of genuine atttacks of insanity.
4. Physical; and
5. Economic influences of criminality.
6. Applications of criminal biology and sociology to legislation and jurisprudence.
7. Determination of the psycho-moral worth of parties in civil processes.
8. Relapse and premeditation in their relations to the suggestions of social surroundings and individual obsessions.
9. Criminal suggestions.
10. Characteristics of criminality in children, adolescents, and old people.
11. Characteristics of criminality in woman.
12. Necessity of regarding the psycho-moral examination of certain prisoners and defendants as a duty on the part of the *juge d'instruction.*
13. Incorrigibility, its characteristics and the measures of repression which it admits of.
14. Measures to be taken with regard to offenders suffering from "moral insanity," to lunatics who have committed crimes, and to criminals who have become insane or have been recognized as such whilst awaiting trial.
15. Influence of professions on criminality.
16. Criminal morbid obsessions.
17. To what extent it is necessary or desirable to undertake the study of criminal psychology or psychopathology in prisons?
18. What measures should be taken as regards incorrigible offenders and habitual offenders, and what is the proper authority to decide about them?
19. Collective offenses; criminality of crowds and of the sexes.

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The Man who raises himself up out of sin to permanent manliness performs a miracle great as was ever recorded, says the *Banner of Gold*; and, we may add, it is not necessay for him to tell others of it.

Mr. William Hickman, M.B, F.R.C.S., of Harley Street, is gazetted as Surgeon in Ordinary to His Royal Highness the Duke of Edinburgh, in succession to the late Sir Oscar Clayton. Dr. Hickman has for many years been unofficially joined in the medical care of the Duke and his household with Sir Oscar Clayton, with whom he was on terms of close, personal and professional friendship.

A Devout Wish.—The following is expressed in one of our English cotemporaries: I hope the time will soon come when England will follow the example of Germany, France, Spain, Italy, etc., where it is illegal for the practitioner to dispense (except in rare circum stances); and where it is equally illegal for the chemist to prescribe. It strikes us that this would not be such a bad plan in American cities.

Recently, reports have been current in the San Francisco papers that the Marine Hospital was soon to be moved, presumably to one of the islands in the bay. The reason assigned for the change was its present exposed situation in case of an attack on San Francisco by a hostile fleet. On inquiry we find that the only foundation for the report rests in the brains of some real estate agents who are anxious for the possibility of a most desirable site being placed upon the market.

The Sixth Meeting of the French Congress of Surgery will be held in the buildings of the Faculty of Medicine in Paris on April 18 and following days, under the presidency of Professor Demons, of Bordeaux. The following are the special subjects proposed for discussion: 1. Pathogeny and Treatment of Surgical Gangrenes. 2. Pathogeny of Infective Accidents in Sufferers from Urinary Troubles. 3. Surgical Operations on the Biliary Passages—their Results, Immediate and Remote.

Berlin differs from most other medical centers in having so few post-graduate classes says a correspondent of the *Occidental Medical Times*. Few short private courses are given. Nearly all the courses begin at the first of each semester, and to become a student of the most desirable professor one must be present and apply previous to the opening of the semester. In many of the specialties there are exceptionally good opportunities for those who wish to see clinical work; but for those desiring more instruction Vienna possesses superior advantages. Wandering students find much less to attract them here than in the Austrian capital.

Infant Powders.—The following have been collated by the *Pharmaceutical Era* from various sources:

PILLOT'S INFANT POWDER.

℞ Acid carbolic, - - - - gtt.l.
Acid boracic, - - - ℥jss.
Powd. French chalk, - - - ℥xivss.
M.

Triturate the French chalk with the carbolic acid gradually added; then add the boracic acid and thoroughly mix them.

ANTICHAFE NURSERY POWDER.

℞ Powd. Fullers earth, - - - ℥ix.
Powd. boric acid, - - - ℥jss.
Powd. oxide zinc, - - - ℥iij.
Powd. starch, - - - ℥ix.
Powd. orris root, - - - ℥jss.
Oil bergamot, - - - ℥ij.

Mix the powders thoroughly, add the oil, and pass through a fine sieve.

O. K. BABY POWDER.

℞ Oxide zinc, - - - - ℥ss.
Powd. starch, - - - - ℥jss.
Boracic acid, - - - - ℈j.
Oil eucalyptus, - - - gtt.x.

Mix and rub very fine in a mortar.

Dust on parts affected, as occasion may require.

CUTINE OR NURSERY POWDER.

℞ Talcum (purified), - - - ℥viij.
Fuller's earth (powd),
Lycopodium, - - - aa ℥iv.
Oil rose, - - - - - gtt.v.
M.

Rub the oil of rose with the Fullers earth in a mortar until thoroughly incorporated; add the talcum and lycopodium, triturate thoroughly.

NURSERY POWDER—(TO CURE CHAFING).

℞ Gum camphor, - - - - ℥ij.
Carbolic acid, - - - - gtt.xv.
Oxide zinc, - - - - - ℥vj.
Eng. precip. chalk, - - - ℥ij.
Oil of neroli, - - - - gtt.iv.
Oil of rose, - - - - gtt.ij.

Rub the camphor to a fine powder in a mortar; use alcohol to reduce it, and mix the other components thoroughly. Sift through a bolting cloth of 100 meshes to the inch.

BABY POWDER.

℞ Powd. French chalk, - - ℥xiv.
Powd. boracic acid, - - - ℥ij.
Ext. jasmine, - - - - - ℥jss.
Ext. musk, - - - - - - ℥ss.
M.
Pass through fine sieve.

INFANT POWDER.

℞ Kaolin, - - - - - - ℥xij.
Pulv. orris, Florent, - - ℥iv.
Oil sandal, - - - - - - gtt.xl.
M.

Alopecia.—

℞ Tinct. cantharidis, - - - ℥ss.
Tinct. capsici, - - - - - ℥ss.
Ol. ricini, - - - - - ℥iijss.
M
Sig. Rub into hair daily.—Thomsen.

℞ Tinct. macis.,
Tinct. cantharidis, - - aa ℥j.
Ol. oliv., - - - - - - ℥j
M.
Sig. Apply to scalp twice a day —Williams.

℞ Tinct cantharidis, - - - ℥j.
Tinct. jaborandi, - - - - ℥iij
Glycerinæ, - - - - - ℥ss.
Listerine, - - - - - ℥ij.
M.
Sig. Apply to scalp daily.—Wirt.

Tonsillitis.—The *London Medical Recorder* contains the following prescription for the rapid relief of tonsillitis:

℞ Tinc. of veratrum viride, - ♏xxx.
Sulphate of morphia, - - - gr.jss.
Distilled water, - - - - ℥vj.
M.
Sig. One teaspoonful, given twice, with one hour's interval at the outset of the treatment, and then at intervals of two or three hours, as may be required.

Anemia.—

℞ Tinct. ferri chlor., - - - ℥ss.
Acid phosphor. dil., - - ℥vj.
Spirits limonis, - - - ℥ij.
Syr. simp., - - - q. s. ad ℥vj.
M.
Sig. Dessertspoonful, in water, after meals.—Goodell.

Charta Antasthmatica.—

℞ Potassium nitrate, - - parts 17.
Extract of stramonium (inspissated), parts 10.
Sugar, - - - - - - " 20.
Water, hot, - - - - " 100.
M.
Dissolve the solids in hot water, strain the solution, impregnate white filtering paper with it, and dry it.

Oculists ought to be able to prescribe for see sick people.

"Do You Think your doctor has benefited you?" "Yes." "How?" "Taught me economical habits."

Mr. Richfellow.—Do you notice what a beautiful, pearly complexion Miss Beauti has?
Rival Belle.—I don't see how she does it.

Teacher.—Now, what beast can carry the heaviest load?
Small Boy.—A Keeley-graduate!

Rounder.—What are you so sad about?
Mr. Keeley Kure.—I'm just thinking how my system is full of gold and I can't realize the price of a drink on it.

Violent Indeed.—Doctor.—My dear man, what you need is some violent exercise, such as—um—
Patient.—Running for alderman?
Doctor.—Yes; or collecting fares in a Fifth avenue buss!

De Botch.—Old Soak began yelling "Wow! wow!" right in the midst of the performance at the Casino last night.
Sillybub.—What was the matter with him?
De Botch.—When he saw the serpentine dance he thought he had 'em again.

Better Wait Awhile.—Patient.—"What would you think of a warmer climate for me, doctor?" "Good Lord, man, that's just what I'm trying to save you from!"

Smith.—"What has become of Dr. Cureall?" Jones.—"The man who advertised to cure all complaints under the sun?" Smith.—"Yes." Jones.—"Oh, he died the other day from a complication of diseases."

Doctor.—"Does she breathe any easier?"
Nurse.—"No, Doctor, she says it hurts her every time she tries to breathe."
Doctor.—"Oh! that's bad. Well you must tell her she must stop breathing if it hurts her."

Mrs. Buggs.—"Johnny you naughty boy, I've a good mind to whip you for pouring that sarsaparilla into your watch."
Johnny.—"Well, the spring's out of order, and I saw it advertised in the papers, that "Sarsaparilla is good in the Spring."

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The Japanese Government has submitted a bill for constructing new railroad lines, purchase of private lines and issuing of railroad bonds. It is proposed to build about 700 or 800 miles of new line.

We Regret to hear of the death of Dr. William N. McCoy, surgeon of the Ohio & Mississippi railroad, at Jeffersonville, Ind. Dr. McCoy was a gradaate of the Medical Department of the University of Louisville, Ky., class of 1860, and only very recently joined the National Association of Railway Surgeons.

Rapid Transit.—It is expected that cars on the proposed electric railway between Vienna and Buda pest will traverse the entire distance of 150 miles at the regular working speed of 120 miles an hour. The road will have two main power stations, with one hundred sub stations, but only three or four stopping places. The cars will be about 130 feet long, fitted with four bogie trucks, and at each end will be two large electric motors, to which the current will be transmitted by contact wheels running on conductor rails. The ends of the cars, to diminish air resistance, will be placed like those of a ship. If the plans are successfully carried out, cars will start from each terminal station at intervals of fifteen minutes.

Expert Witnesses.—Mr. George B. Burnett is not very complimentary to a certain class of expert witnesses in railway damage cases. In a recent number of the *Railway Age* he contributes an article in the course of which he states that the professional expert witness is ready to be employed upon either side of a case, and it is perhaps not surprising that he seeks in each case to make the testimony valuable to the party who employs him, ordinarly a witness stands impartially between contending suitors, and gives his testimony without bias or prejudice, unmindful of the result of the contest. Not so, however, with the professional expert whose "talent" has been secured by assigning to him "a certain portion of the prospective judgment." As a rule, railway and other corporations do not contest honest claims for personal injuries, and they have no fear of the testimony of an honest, unbiased and impartial expert. It is in the testimony of the shewd and cunning doctor who as "assistant prosecutor" in behalf of maligners stimulated by his greed for his "portion of the prospective judgment" that the danger of injustice lies. In a majority of the cases brought by maligners the alleged injury is not established by any visible wound or objective symptom, but is evolved wholly out of the inner consciousness of the "assistant prosecutor" and his conferees.

The Next Meeting of the Michigan Association of Railway Surgeons will be held at Grand Rapids, Mich., in July next. The rapid progress this association has made since its organization is positive proof of the success of its coming meeting.

Dr. E. G. Cochran, surgeon of the Mexico Central railroad, has moved from Silao, Mex., to Tampico, Mex., and has been placed in charge of the company's hospital at that place, which is the largest hosptial on the Mexico Central system.

The Best Train for Chicago is the "Palace Express" of the CHICAGO & ALTON R. R. Leaves St. Louis, 8:55 P. M.; arrive Chicago, 7:00 A. M. Best Pullman Compartment Sleepers. Best Buffet Drawing Room Sleepers. Best Reclining Chair Cars, free. Best Track—Best Everything. Ticket offices, 216 North Broadway, and Union Depot.

Defrauding Railroads.—Another scheme of the scalpers to defraud the railroads has been unearthed. The general passenger agents of several of thetransmissouri lines have reported that the numbers on their tickets have been altered in what has been a successful, although a flimsy way. The scalpers take a ticket which has expired, and cutting it in two, paste the cut end over others, covering up the date which was punched out by the agent and they punch a later date. A conductor in a hurry to work a heavy train frequently overlooks the alteration and accepts the ticket. The Union Pacific has been especially worked from this place on account of the heavy trains, and many of these altered tickets have been taken up.

Nantucket and Martha's Vineyard.—Ione writes in the Albany *Argus*: The most delightful way of reaching Martha's Vineyard and Nantucket ie via the Fitchburg Railroad (Hoosac Tunnel route). The trip is in itself a perfect outing. From Troy to Boston it is one succession of varying landscape, no monotony, as is often the case in a six hours' ride. The road runs through the southern part of the Green Mountains, and literally through five miles of them, for here we have the "great bore" of Massachusetts—"the Hoosac Tunnel." To this range belongs Greylock, the highest point in the State, and while the southern outlook brings in view these grand old monuments of time, a glance out the opposite window of the car will catch sight of a lake nestling, in all its quiet beauty, under the shadow of these everlasting hills. The Deerfield and Miller Rivers wind through a great part of this valley, adding much to the varying scenery. An occasional turn in the road will bring in view a beautiful perspective, and instinctively the question arises, "Can anything be more beautiful?"

From the terminus of the road at Boston a short transfer is made, by carriage or street car, to the Old Colony Railroad, thence to Woods Holl, where a thirty minutes' steamer ride terminates the journey.

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MEDICAL REVIEW.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Stealing Patients.

There are certain conditions which complicate the body medical and which do not seem to be understood as well as they should, not by the laity, but by physicians themselves. In our daily intercourse with these we are continually regaled with the recital of certain little stories of more or less doubtful authenticity concerning acts which may or may not be true. These tales are related with some purpose in view and do but little towards the furtherance of the intended end except within the narrow bounds of some small circle composed of equally narrow individuals. That this should exist is no matter for surprise as medical men are human, swayed by human passions and likely to give way upon occasion and be influenced by the small traits of character which are almost universally observed in human beings.

The subject which we desire to consider is that of stealing patients. It is a cause for common complaint among a certain class of physicians who seem never to tire of the subject. They are full of illustrative cases and seem to know more about similar instances in the practices of others than those directly interested in the matter. Of course, they never steal cases from any one else and the reason for this will be considered later on. For the nonce suffice it to say that this robbery is one which we have been endeavoring to trace in a sort of general way and in this pursuit after knowledge we have become acquainted with a few facts that shed much light upon the subject.

We will premise by saying that there is no such thing as stealing a patient. We must distinguish, however, as to what constitutes a patient; for, unless this be understood, our position will be misapprehended. An individual is not a patient until actually in the care and under the treatment of a physician. So far as stealing a prospective patient is concerned, it is not only possible, but almost of daily occurrence. Such action is simply contemptible. It is of such a character as to be debasing to the individual practicing it and is a prostitution of a noble calling, such as only a vile and criminally inclined disposition could be low enough to practice. What we desire to speak of is stealing a patient —one who is under the care of a physician. To our mind this seems not only impossible but incomprehensible. We will explain our position. What is denominated stealing patients may be explained in this wise: An individual has been under the care of a doctor and leaves him. He seeks another for treatment and receives it. The second doctor is accused of having "stolen" that patient. Or, a doctor tells a patient that if the latter will secure his services he will treat him more cheaply and successfully than the one he has. The patient accepts the proposition and, behold! another patient has been stolen. Having made this sufficiently clear, is it not obvious to any one that a patient cannot be stolen? A physician who is skillful in the treatment of disease, and combines with this the ordinary qualities of a gentleman can not have his patients weaned away from him. If he is at all successful in the treatment of his cases they will not desert him. They cannot be led to leave that which is good for that which is of unknown quality and for no reason whatever. There is no doubt whatever that when a patient leaves a physician he is dissatisfied with his services, either because they are too costly or because they are of no value.

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Another point. When an individual calls upon a physician for treatment it is *prima facie* evidence that he wants his services; else he would not call. It is just as evident that you cannot persuade or force that patient to return to his former physician. If the latter has not been paid he should have seen to it that he was. No doctor can turn himself into a collection agency for others, nor does any one do it. If he be a business man he sees to it that he collects his own fee. But to accuse him of having stolen that patient is certainly as ridiculous as it is unfounded. Every man in the profession will lose a certain number of patients, just as there is certain to be a number of individuals who are forever changing doctors. It is an impossibility to force the likes, dislikes, preferences, or bias of people and to endeavor to achieve success by attempting the impossible is to be foolish in the highest degree. Honest work, coupled with intelligence and suavity will accomplish more than all the detective acumen that can be brought to bear upon the labors of others. Let the physician exert himself to the utmost in every direction, in the pursuit of his profession, and he will have small opportunity to notice any defection in the ranks of his patients. They will not only stand by him and do all in their power for him, but others will be gained by him through his work and the esteem in which he is held by his patrons.

Now let us examine the individuals who are continually whining about the patients that have been stolen from them. They are generally more or less incompetent either in general, or in the particular case in question. They have been practically unsuccessful in that particular case or are so in a number. Under such circumstances they have no real grounds of complaint. Another class is composed of those who are negligent. They do not give the care and attention which they should and which would be cheerfully paid for. They have too many pleasures or other distracting influences drawing them away from their legitimate work and, as a natural result, they lose patrons. They prefer playing poker to keeping office hours, or in some analogous way impose upon the patience and good-will of patients. Or, they may be possessed of vices of such a glaring character as to drive away patients as soon as the latter discover them, and as a simple matter of self protection. But we do not wish to enumerate more causes.

On the other hand, the physician who is kept busy by his cases has no time to lose in detailing the real or fancied wrongs of which he is the victim. He is too busy to lose time inquiring after the business of others or to pry into their affairs. He sees to it that he is paid for his services and his time is so valuable that he cannot lose it inquiring into the relations of his prospective patient and the latter's former medical attendant. The matter is a very simple one for him. A man or woman desires his services. They receive them, pay for them, and that ends the transaction. He may never see either again nor does he bother about it; he has too much to do and can employ what small amount of leisure time he has in some more profitable employment. Nor does it it hurt him to be accused by his envious confreres of being incompetent, a stealer of patients. The fact of having a large practice is evidence in itself of being successful and in demand and in this as in everything else "nothing succeeds like success."

One word of parting advice. Defaming others and accusing them of incompetence and of stealing patients advertises them and increases their revenue and success. Look to your own affairs and try to make a success on your own merits. Study, and treat patients properly, do not have any petty vices or bad habits, be clean morally and physically, and mind your own business and you will be a success. You will have so much to do that you will not be able to pick out the flaws in others and as a reward, you will become one of the successful "patient stealers."

The Health of American Girls of the upper class of society is not what it ought to be. No one seems to know (*Md. Med. Jour.*) exactly what is wrong with it, nor how the defect is to be remedied. The best authorities of the present day think that the over tension and lack of repose in the nervous system (which reaches its climax in neurasthenia and hysteria) is due to a want of definite aim in life; a deficiency of suitable intellectual food; and an excessive development of the emotional nature—while the weaknesses of the pelvic organs, and the imperfect action of the digestive apparatus, are the result of a want of exercise of the muscles of the body, especially those of the trunk.

The first of these deficiencies is met by the higher education of women. That a prolonged course of college study is not in itself injurious to the health of women in after-life, but rather the reverse, has been clearly shown by women who have passed through it. The emotional nature is tempered and the mind and nervous system are strengthened by the aquisition of regular and moderate habits and the contemplation of elevating themes. Moreover, the student wakens to a new interest in the activities of life. The danger of the college course lies in the tendency to measure the attainments of women by those, not of the best of her own sex, but of the best of the other sext; and in the habit peculiar to women of "keeping themselves up" on nervous energy long after the body is exhausted.

The second of these deficiencies is met in the best female colleges by the encouragement of a healthful style of dress, and by the frequent gymnastic drills.

How to Increase Our Incomes is discussed by the Toledo *Medical Compend* which goes on to say that the practice of medicine is at best, attended with many hardships, difficulties and disappointments, but if, with all these, there is also combined a constant struggle not only for some of the luxuries of life, but even the necessities, the sensitive, yea, sensible physician is often persuaded to abandon the profession to which he has become so dearly attached. No profes-

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sional man is more respected and appreciated than the doctor, and no profesion offers a better opportunity for doing good than does his. No professional man, not even excepting the clergy, manifests a greater desire of doing good and helping those why can not help themselves, than does the physician, still each and all of these receive better remuneration for their services than does the doctor. The physician's social standing and his literary attainments are equal to that of the best, yet he is expected to drudge the entire day and even all night if wanted, and when the time for a settling of ac counts arrives, he is expected to wait until all other bills are paid. Is this because he is a poor business man? Hardly. It is rather because he desires to do good. Because he dislikes to see others miserable or in distress. It is unnecessary to recall these evils, they are patent. The remedy for all this is known to every physician, and it is only necessary to repeatedly have his attention called to it, and it, and in due time the condition will be changed. First, the older physicians should feel that they owe a duty to the younger generation, they should act on the principle, live and let live. They should not attempt to do more than they can comfortably attend, and above all they should conduct their business as nearly as possible on a cash basis. Collections should be made as promptly as the merchants do, and they should charge a fair, yes large fee for their services, at least when their patrons are able to pay. As a result of their long years of practice, they have accumulated an invaluble experience, and they should expect those desiring the benefit of it to pay well for the same.

Diseases of the Rectum and anus constitute an important branch of surgery and demand careful investigation from all who undertake to treat them says Dr. Robert A. Gunn (*Med. Tribune*). They occur frequently, occasion great annoyance and suffering to the patient, and not infrequently perplex the surgeon in his efforts to afford relief. In order to understnad them fully it is necessary to have a thorough knowledge of the anatomy of the parts, to know the nature of the exciting causes and to ascertain the condition of the digestive, urinary and genital apparatus. Without a knowledge of the anatomy of the parts an examination would fail to reveal the nature of the unhealthy condition, while a failure to ascertain the exciting cause would render all our treatment worthless.

Disorders of the digestive, urinary and genital organs induce or aggravate most of the idiopathic diseases of the rectum and anus, hence the importance of directing special attention to those organs, that we may thereby be enabled to remove the exciting or aggravating causes, and thus more readily relieve the patient.

The first duty of the surgeon, when called to treat any disease of the rectum or anus, is to make a careful examination of the patient before venturing to express an opinion. It is never safe to depend upon the statements of the patient, nor upon the presumption that the external appearance is sufficient to indicate the nature of the difficulty. Of course it is necessary to inquire as to the condition of the stomach, bowels and bladder, and also regarding the habits of the patient, and for this information we have to take the patient's statement for our guide.

Copies of Advertisements are desired by the *Medical News* which says that in extenuation of the medical sin of sneak-advertising in lay newspapers on the part of physicians, it is often said that it is all the fault of their assistants, of impolitic friends, clinical subordinates, and especially of the pokey-nosed reporters. But it is a noteworthy fact that the gentlemen thus unwisely befriended and deceitfully interviewed pop up in the daily papers with suspicious regularity and persistency, and that other surgeons and experts are never traduced or reported either with or without authorization. This leads to the suggestion that a col lection of reading-notices, etc., of these enterprising physicians from the secular and religious papers, extending over a sufficient space of time, would be of interest to the student of psychology and medical ethics. We therefore beg the readers of the *News* to send such to this office. What we particularly desire is the reports of "wonderful" and "delicate" and "unique" surgical operations; professional opinions concerning the prevailing epidemic, or fashionable disease; the *obiter dicta* of Professor Supercil or the learned Doctor Greatlite concerning the state of health or dangerous disease of some billionaire, singer, actor, criminal, or statesman, who for the hour may be posing before the public eye. We will classify and index the excerpts in a systematic way, and may give a statistical review of them at some future time, thus adding one more "insertion," as it were, and of course wholly gratis.

Doctors and the Courts are agitating the New Albany *Medical Herald* which states that it has always seemed strange that the law gives physicians so little consideration in regard to attending the city court as witnesses. It is true, the law must be upheld in this court as well as in the higher courts; at the same time it is a fact that the majority of these cases in which the testimony of the physician is necessary are trivial cutting scrapes or street or bar-room fights, in which the wounds are of little consequence and in which the affidavit of the physician, describing the wound and its seriousness, could be easily taken by the officer who serves the subpena. Then if the case is seen to be a felony or of sufficient importance to require further medical or surgical evidence the doctor can be summoned. As it is now a man gets a little scratch, that only requires a suture or two, has the one who gives it arrested, and the doctor summond to appear at an hour he is usually busiest. He, the doctor, leaves his practice, loses some emergency calls (there is no way of estimating the loss to him), spends an hour or two in the court room waiting for his case, in which five times

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out of ten the offender is dismissed or fined five dollars, which is often remitted.

The doctor is the only loser and the law is none the wiser or better off than if the officer who served the subpena had taken the physician's affidavit instead. All physicians complain bitterly of this, and yet if we would only make the attempt the law could be modified as suggested above. The object of law is justice to all, and in order to render justice in this particular case more consideration should be shown to an honorable, hard-working profession. Are the members of the profession willing to ask this change?

A Language for Scientists is a "consummation devoutly to the wished for" in view of the numerous international congresses which take place. But the solution of the problem seems to be as far off as ever. The *Medical Record* states that in almost all the discussions of this question of language, which are always provoked by every international scientific meeting, the only solution arrived at seems to be that Latin must be rehabilitated as the mother tongue of all the sciences. It is said that the Frenchmen will never speak German, the Germans will never speak French, and neither Frenchmen nor Germans will, nor as a rule can, speak English, consequently they must all meet on the commonground of the Latin. Of course, Volapuk, Esperanto, Spelin, and all the other made-up languages, which have been as persistently advocated by their inventors, are out of the question. But why not Greek? This is a more flexible and more beautiful language than Latin, equally clear and expressive, and at the same time much better adapted for use as a conversational tongue. The modern form of the language, such as is in use in Athens to-day, is easily learned. readily adapts itself to the formation of new words to express modern inventions, words formed, nevertheless, on strictly classical models, and differs as little from the Greek of Xenophon or of Plato as the English of to-day does from that of Chaucer or of Spenser. We commend a consideration of the claims of Greek to those of our esteemed contemporaries who are agitating anew the subject of a universal language of science. Yet, mature reflection will show this scheme to be one rather Utopian in character.

Deception is certainly not expected to be an attribute of the practice of medicine, but when we see how often deception enters and is made the basis of success in the trades, of which the people with ordinary intelligence are supposed to be educated and competent to understand and discriminate, what can we expect (Omaha *Clinic*) to find in more advanced matters, of which they have no knowledge, when the medical profession deals with them by these same business means? The flaming posters of Barnum's circus, with fauna depicted of the early part of the geologic Tertiary Period is not an iota to the deception made on the credulous minds of the people by charlatans dealing in medical lore.

A physician's capital is invested in his individuality and by whatever means he can make himself stand distinctly out to the public, is he known. The mark of this individuality may be merit, it may be trash. The people have little or no judgment in medical matters, they virtually look for some one to give them the best advice and treatment, and to cure them if such be possible; they really look for him who can give them hope and gain their confidence. They cannot tell the essential oil of mustard from a current of electricity, and they certainly have no power to discriminate between professional business chicanery and the business of the professional man. In whatever manner the professional man would impress the public with his individuality, although they may mistake him, the profession will rightly judge him and never mistake an office decked as a museum or the Tower of London as adding any intrinsic value to his medical attainments; and they will read between the lines in the daily press the morning after a meeting of a medical society as in all other instances of public print.

These, and many others, are methods in the art of competition. They may be business methods, but they tend to defeat the very end for which medical science is striving, namely, that union in which there is strength to further scientific research. How can there be such without candor, without sincerity? With the jewels of consistency are swine engorged.

An Insult to the profession of Ohio was offered on Wednesday, March 9, by the legislature of the State of Ohio, by means of the indecent and positively discourteous manner in which they treated a bill for the purpose of regulating the practice of medicine in the State of Ohio. A bill, which was a very moderate one says the *Lancet-Clinic*, was presented for consideration, and its passage was urged by the leading and influential schools of medicine. The only opposition to the bill came from the physio-medical school, the editors of country newspapers, the charlatans and parasites of medicine and the druggists—a queer lot of bed-fellows, but representing the truth of the adage—"birds of a feather flock together." We are convinced that the physio-medicals helped to cut a club which will ultimately be used as a weapon against themselves, for they have arrayed themselves with the hosts of those who are unfit for patient treatment or serious consideration. "Ephraim is joined to his idols; let him alone."

Finally we come to the manner in which the bill was considered(?) by the legislature. They treated the matter as a screaming face; not one moment was devoted to a consideration of the merits of the bill, but the legislators(?) took the medical profession of Ohio for their playing. Mr. Price, of Hocking County, began the onslaught which soon became general, so much so that we were convinced that we had, by mistake, gotten among the inmates of one of the asylums which are located to the west of Columbus. (For the benefit of our readers we state that the imbecile and insane

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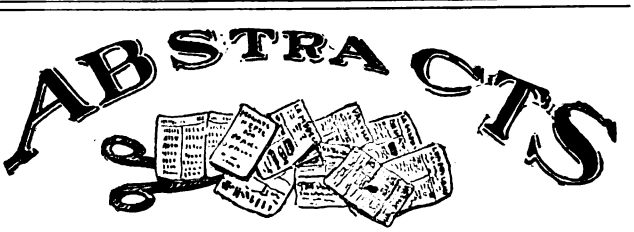
asylums are located in the direction above referred to.)

The men who were leaders in this comic charge against honesty and decency among practitioners of medicine have thereby constituted themselves the champions of abortionists—ignorant and vicious men, who, under the cloak of doctor, obtain money under false pretenses—and of incompetent and disease-spreading midwives.

Physicians do not Write is the general cry of those who desire to see them come to the front. As the California *Medical Journal* very justly observes, there seems to be a misconception, on the part of the profession in general, on the subject of writing for medical journals. The average practitioner seems to think that none but the editors of the journals or one who is a teacher in some medical college could or should write an article for the perusal and criticism of the general profession; nor lay down theories and laws to govern others. Poor indeed is the physician who dare not get out of the beaten paths, and may be ruts, of his predecessors, be they his teachers in the college he has attended, or the authors of his text books. Can he blindly follow any of these and be successful? No! Then if he dare differ with them in his theories and practice, why not go on record as differing with his own confreres? This would be a slow world if we all believed and did the same. How did our teachers gain their present status of knowledge and success? Was it not by observance and experience, and by profiting by the experience of others? Can't you do likewise? You have not only your teacher's knowledge to build upon, but also that of their predecessors; hence your advantages are greater than those of many professors in our colleges, and you could teach them many wholesome lessons, that you have never been taught, but learned by experience, in general practice. Hence you do yourselves and the progress of medical science an injustice in not contributing to the literature of the profession.

Free Dispensaries seem to be agitating our New York cotemporaries. The *Post-Graduate* comments as follows: An enterprising medical center New York will be, when the *Record* and the young doctors of its ilk, have abolished all the free dispensaries, all the out-door departments for the poor. A few may be permitted to exist, to which only those are admitted who have a certificate from the youngest doctor of the neighborhood, that he cannot get another cent out of them. When they have thus destroyed the medical charities of New York, how the fading glory of Philadelphia will light up again, and Boston attract men to its courses for graduate instruction!

Foot-Ball Casualties seem to become more numerous than ever in England if we are to judge by the large number reported in the *Lancet*. This journal publishes a list each week, the number now reaching from ten to twelve.

Third Stage of Labor.—Mr. Alexander Duke says (*Prov. Med. Jour.*) in reference to the management of this that the uterus in all cases should be allowed to rest after the birth of the child unless hemorrhage sets in. "No hemorrhage, no hurry," is an axion I have always acted on and taught students. The expression of the placenta by intermittent pressure or kneeling I hold to be a mistake, as it converts the uterus into a bottle syringe, and pumps out blood without detaching the placenta (should it be even only partially adherent). The traction on the funis, though condemned by most authorities, I have found do no harm, provided steady grasping pressure is applied at the same time to uterus with other hand.

It is important to remember while making pressure over fundus that if this is not judiciously done, it will occasion much unnecessary pain to the patient, the ovaries lodging in close proximity to the uterus,and liable to be included in the grasp of the attendant. When it becomes necessary to deliver the placenta manually, it is most important that the uterine cavity should be directly afterwards well flushed with hot water (previously brought to boiling point). This will remove shreds of membrane or portions of placental tissue, which, if left to remain, would, without doubt, become a source of danger to the patient, and an avoidable cause of anxiety to any conscientious practitioner. Should the flushing fail to remove all, and if anything is felt protruding from the os, a blunt curette (or what I have found most useful), a plated marrow spoon, the concavity of which fits the finger, and can be introduced without pain to the patient, will loosen any small portions of placenta till water returns clear. In all cases, while flushing the cavity, the hand of either nurse or doctor should be applied to uterus, and pressure made as the tube is withdrawn, the dorsal decubitus being the best position.

Chronic Endometritis.—The following is the treatment advocated by Dr. J. M. Baldy (*Med. and Surg. Rep.*), who states that for the treatment of uncomplicated endometritis and metritis there are a variety of remedies, some of them quite effective, while many of them are useless, and are applied in a haphazard way. The woman is put under ether, the cervix is dilated, and the uterus thoroughly curetted; the uterine cavity is then washed out, and an application of Churchill's iodine made to its surface. If there is pretty free bleeding in consequence of those manipulations, the uterus is packed full of iodoform gauze, which is removed in the course of a day or two, as circumstances demand. Ergot may or may not be given by the mouth, the in-

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dications for its use being hemorrhage or an enlarged heavy uterus. He gives a half drachm of the fluid extract, three times a day for a short period, gradually reducing the quantity until it is dispensed with altogether within about a week.

As to the steps of the operation: The patient is placed in the dorsal position, the dilatation is made with the Goodell rapid dilator after careful antiseptic precautions. He dilates usually only sufficient to introduce and manipulate his instruments easily—from three-quarters of an inch to an inch. Great care is taken to make the curettement a thorough one. All debris can be washed away, and the cavity cleansed by the use of the rectal nozzle of a Davidson syringe. The application of iodine follows immediately, it being applied with a long nozzled uterine syringe. The patient is now returned to bed, and nothing more is done for a week or two, excepting to give absolute rest, hot water injections, and keep the bowels soluble, together with the ergot as indicated. Some patients are cured altogether by this treatment; but, for the most part, in order to secure a thoroughly satisfactory result, treatment must be kept up for some little time after the woman is allowed to get out of bed. It is his habit, in these cases, to make an intra-uterine application of iodine about twice a week for a few weeks, then once a week, and finally to withdraw the treatment altogether.

New Remedy for Phthisis.—This time the remedy is monochlorophenol, according to an exchange, recently prepared by Signor Tacchini, a chemist of Pavia, and tried by Dr. Passerini, of Casate-Nuovo. The drug is a powerful antiseptic, free from the disagreeable odor and from the caustic and irritant action of the related compound, trichlorophenol. It is recommended as an inhalation in various affections of the respiratory passages, and particularly in pulmonary tuberculosis. Monochlorophenol is very volatile, giving off vapors much heavier than air, which are, it is supposed, able by their weight to penetrate even into the alveoli when inhaled. The drug is, according to Dr. Passerini, always well borne even in cases of advanced phthisis. Under its influence the sputa diminish in quantity and lose their purulent character, the bacilli become less numerous, sleep and appetite are restored, and body weight increases. A complete cure is reported in five cases after one or two months' use of the drug, symptoms being undiscoverable even five months after leaving off all treatment.

Injuries of the Foot.—Dr. G. W. Crilf in a discussion on this subject (*Med. News*) concludes as follows:

1. That in open wounds asepsis is attained, if at all, more certainly through the employment of antiseptics.

2. That unyielding splintings are not indicated in treating fractures of the toes. That the head of the second metatarsal bone is especially liable to suffer comminuted fracture.

3. That in compound, even comminuted fractures of the tarsus, if in doubt as to the propriety of attempting to save the member, apply moist, warm antiseptic dressings, and await further indications. Suppuration should be the exception, if the case be well managed.

4. Ordinarily, amputations between the junction of the lower and middle thirds of the leg and the tarso-metatarsal articulation should not be made. At all other points, save all possible.

Treatment of Scarlatina.—The following is the treatment advocated by Dr. Louis Lewis (*Times and Reg.*): The treatment of scarlatina in its milder form is simple and obvious; but it is imperative to see to proper ventilation, isolation and disinfection; to hold the temperature within safe limits; favor transpiration and the appearance of the rash; keep a watchful eye on the state of the urine, and combat the inflammatory tendency in the throat. Complications, of course, must be assailed at their onset. A grain of chlorate of potash, with a minim of tincture of aconite in a teaspoonful of water, may be given hourly, until pyrexia subsides, and two or three grains of carbonate of ammonia every two or three hours in milk. A drachm of chlorate of potash in a pint of lemonade is beneficial in broken doses, as a daily beverage, and ice may be sucked "ad libitum." The throat may be sprayed, swabbed, or gargled with permanganate of potash, carbolic acid, liquor chlori, or nitrate of silver in weak solution. Enlarged glands may be fomented, poulticed, or painted with iodine, or oleate of mercury, and abscesses must be opened. Small doses of hydrargyrum cum creta, salicin, sulphide of calcium, or salol, every two or three hours, will help to reduce the turgid tonsils and neighboring glands. Tepid sponging with diluted vinegar allays irritability, and inunction with vaseline or lard aids desquamation. A delayed or retrocedent rash may be urged out by warm baths (which also relieve the kidneys), or by the cold wet pack, and a graduated cold bath will bring down the temperature when over-high and rebellious to other antipyretics. Cases presenting low nervous symptoms call for stimulants and quinine; the latter is also needed in albuminuria, and in otorrhea and ozena, conjoined with appropriate local treatment. It is also useful in the rheumatic complication. The judicious administration of purgatives, especially jalap and calomel, towards the decline of the fever, tends to avert or mitigate an impending attack of nephritis, for there is always constipation, besides increased arterial tension previous to the appearance of albumen in the urine.

Treatment of Chorea with Exalgine.—According to the *Semaine Medicale*, Dr. H. Lowenthal, of Berlin, in a recent paper gave the details of thirty-five cases of chorea treated with exalgine (*N. Y. Med. Jour.*). The results were very encouraging. The dose employed was three grains, repeated three to five times a day; the duration of treatment varied, according to the gravity of the case, from eight days to four months. The re-

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sults were obtained the most rapidly where the treatment was begun at the onset of the disorder. In some of the cases considerable amelioration was established after twelve doses (36 grains) of exalgine had been given, but in the majority double this number of doses was necessary before improvement was manifested. One child, of eight years, was completely cured after twelve doses of 3 grains each. The greatest quantity of the drug employed was in a severe case, in which about 1,700 grains were given in the course of more than three months. In cases where the choreic movements were very violent the condition of the patient was aggravated, in spite of the exalgine for the first two weeks of treatment, to be ameliorated afterward, slowly, but progressively, until they were arrested. In addition to its action on the muscular movements, the medicament influenced also very favorably certain other nervous phenomena, such as the mental excitement, feebleness of memory, salivation, articular pains, and formication in the fingers and arms. These symptoms improved very rapidly during the first week of treatment. The drug was often well supported, but frequently, after its prolonged use, ringing in the ears, nausea, cephalalgia, and vertigo were complained of. In four cases there appeared a generalized icterus. None of these phenomena were ever of a serious nature, and they required no treatment other than the temporary suspension of the use of the drug. After their disappearance the exalgine was again given without the reappearance of the unpleasant symptoms. In conclusion, M. Lowenthal expresses the opinion that exalgine should be placed among the antichoreic remedies.

Tubercle Bacilli in the Semen.—Foa reported to the Turin Academy of Medicine on February 12th (*Gazz. degli Ospitali*) that in the body of a man who had died of disseminated tuberculosis (pharynx, larynx, lungs, intestine, kidneys, prostate, rectum) the vesiculæ seminales were full of semen, which was found to be swarming with tubercle bacilli. The other genito-urinary organs were healthy.

Rhachiotomy for Paraplegia.—Mr. N. Davies-Colley showed a laundrywoman, aged 23, unmarried, who was admitted into Guy's Hospital in July, 1891, with paraplegia (*Brit. Med. Jour.*) and what was then thought to be angular curvature of the dorsal spine. The disease began seven years previously after a fall. She had been comparatively free from pain, etc., for some time, and had resumed her occupation. Two months before admission she had pain in the chest and back, followed by weakness and loss of sensation in the legs, with some incontinence of urine and feces. On admission, the patient, who was fairly well nourished, had a large rounded projection over the spines of the fourth, fifth, and sixth dorsal vertebræ. After three weeks rest in bed, as her condition was gradually growing worse, Mr. Davies-Colley cut down and found that the tumor was due to a spindle-celled sarcoma growing from the lamina on the right side of the spine. It was removed with some difficulty, together with the spines and laminæ of the fifth and sixth dorsal vertebræ. The spinal cord was soft, but the dura mater appeared to be healthy. Complete recovery followed in respect of both sensation and motion within six weeks. Mr. Davies-Colley insisted upon the difficulty of distinguishing such a case from one of ordinary spinal curvature, and advocated the use of the term "rhachiotomy" instead of laminectomy.

Chronic Arsenical Poisoning.—Mr. W. Harding, of the County Asylum, Berry Wood, reports the following (*Lancet*): A good example of chronic arsenical poisoning on a large scale occurred in this asylum, and a short account of it may be both interesting and instructive. In the endeavor to make the wards of an asylum bright and cheerful, and to do this at as little expense as possible, it is not improbable that the nature of the coloring materials used may be overlooked, and that some of the gastric and intestinal disorders which disturb the peace of mind of medical superintendents may be cases of arsenical poisoning. For a long period the nurses here were in poor health. First one and then another was laid down until, within a few months, nearly every nurse on the staff had been, or was, under medical treatment. Headache, neuralgia, gastric derangements, loss of appetite, constipation or diarrhea, irritation of eyelids, anemia—these were the chief symptoms complained of. Drugs did not appear of much avail, but a holiday had a marked effect for good. At last one nurse had the eye symptoms in a more pronounced form, and suspicion was aroused. In each nurse's room was a green baize curtain, used as a covering for dresses, etc. A portion was taken and examined. It was found to be impregnated with arsenic to an astonishing extent. These curtains were removed; the rooms freely ventilated; medical treatment was stopped; the symptoms disappeared, and though some months have elapsed, have not returned. The baize was similar to that used for covering doors, etc., and was obtained from two manufacturers.

Filariasis.—Among twenty-six officers and colonial officials admitted to the Val-de-Grace Hospital between May 1, 1890, and February 1, 1891, Professor Moty observed four cases of the above disease, and two other cases in the parents or friends of the patients. Four, however, of those admitted to the hospital had been abroad for so short a time that they may be left out of the calculation, leaving six cases among twenty-two who had spent a considerable time in the colonies. In spite of its frequency, this disease does not appear to be generally recognized abroad, as in none of the above cases had it been diagnosed. It was only upon undertaking an operation for the radical cure of a supposed hernia that the tumor was found to consist of dilated lymphatics. Professor Moty came to the following conclusions: That filariasis is an aseptic parasitic dis-

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ease due to the presence of the filaria sanguinis hominis; that it is of frequent occurrence in the French colonies, and has been recently met with in New Caledonia. It most often appears as an enlargement of the glands and lymphatics of the groin and spermatic cord, due to the irritation of the filaria and its embryos. It can be recognized by such symptoms as chyluria, hematuria, etc.; but the diagnosis in each case should be confirmed by the detection of the embryos in the blood. Neither internal nor palliative treatment is of the slightest use. Excision or amputation is necessary in severe cases, and is attended with the happiest results, the removal of the hypertrophied tissue causing the adult filaria to disappear.

Insanity.—In a lecture on this subject, Dr. Sanger Brown recapitulates (*Corpuscle*) as follows:

When a healthy brain undergoes healthy development and reaches maturity and the individual is able to support the relations of life he is said to be sane, and the fact of his being able so to do constitutes his sanity. After maturity has been reached and sanity established and the individual by reason of disease undergoes a change of feeling, thinking and acting, by reason of which he is incapacitated from supporting the relations of life he is said to be insane, and such change constitutes the evidence of his insanity, albeit identical conduct might not constitute evidence of insanity in another person.

Idiocy implies a certain degree of mental defect due to cerebral defect which existed at birth or was produced so soon after that no considerable degree of mental development had occurred, say within the first two or three years of life.

Imbecility implies injury to a partly developed brain of such a nature as to permanently and seriously interfere with further mental development.

In so called moral insanity the defect in development is mainly confined to those mental qualities concerned in the relations of social and civil life.

Eccentricity implies defective development limited to certain areas of mental activity, and not of such a nature as to incapacitate the individual for the relations of life.

Scarification of the Os Uteri in Chlorosis.—Dr. J. Cheron recommends scarification of the os uteri in chlorosis, and points out that this treatment has been highly spoken of by Schubert and others. The amount of blood to be drawn is about one gramme to every kilogramme of body weight. According to the above observers these slight bleedings greatly increase the number of red corpuscles and the amount of hemoglobin in the blood. Dr. Cheron, in making use of scarification of the os in the treatment of old-standing disease in chlorotic patients, found that the general health as well as the local conditions improved. In many cases an analysis of the blood during and after treatment showed continuous improvement after each scarification. In chlorotic patients congestion of the womb is habitual, and it is easy to obtain forty to sixty grammes of blood at one operation. This local treatment seems likely to be of great benefit to chlorotic women, and it is easy to understand that it would be performed much more readily than venesection. The scarification, if done with antiseptic precautions, is not accompanfed by risk.

Enucleation of Eye.—Dr. Leartus Conner in reporting some cases (*Harper Hospital Bulletin*) says that the mutilation of the body by the enucleation of an eye is usually protested against by patient, friends and surgeon. It is rarely done except as a prophylactic against a still greater evil to the patient. Surgeons have resorted to every conceivable expedient to avoid this mutilation and yet protect the patient from impending danger. Thus they have opened, cleaned out the eyeball. and inserted therein a glass ball. Or they have sewed the edges together after removing the ocular contents. Or they have divided the optic and ciliary nerves behind the eyebulb, and adopted other procedures, to avoid mutilating the body by enucleation. But thus far the general verdict is that no other procedure has so many advantages and so few dangers as enucleation of a dead eye, so diseased as liable to endanger the integrity of the remaining eye.

Injections for Chronic Cystitis.—Ultzmann recommends the following prescriptions (*Union Med.*, quoted by an exchange) in the treatment of this troublesome condition:

℞ Crystallized carbolic acid, - gr.xv.
Distilled water, - - - ℥iijss.

Dissolve, and mix with equal parts of hot water at the moment that the liquid is to be injected.

Or the following:

℞ Boric acid, - - - - - ℥ss.
Glycerin, - - - - - ℥j.
Distilled water, - - - - ℥x.

Make a solution, and mix with equal parts of warm water at the moment of employment.

Either one of these solutions when warm water may be used for washing out the bladder in cases of chronic cystitis. When the vesical secretion is catarrhal and has a bad odor, the following injection is useful:

℞ Nitrite of amyl, - - - gtt.v.
Distilled water, - - - - ℥iv.

Mix, and add a tablespoonful of this solution in the proper quantity of water for a vesical injection.

Alopecia Areata.—The correspondent of the *Therapeutic Gazette* says that Dr. Barthelemy has used Dr. Moty's method in several cases of alopecia with remarkable results. This method consists in injecting four drops of a four per cent solution of bichloride of mercury and two per cent of cocaine, making the injection about the periphery of a plaque of the disease. If, however, the spots are large, as many as four or five injections are given. After the lapse of four days the

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treatment is repeated. After four injections the patient can usually be discharged. Dr. Barthelemy used this method especially in a case of pelada or alopecia, which attacked the patient in January, 1891, and which completely denuded the head, temples, and brows of hair. He used a solution of ten centigrammes of mercury to one hundred grammes of water, and began by injecting six drops into a spot the size of a silver dollar at six different points, one drop at each point. As the result of the injection there appeared six slight elevations of the skin, whitish in the center, and analogous in every respect to spots of urticaria. The number of injections was gradually increased until he had about forty small urticarial elevations upon the patient's head. From July 17 to October 15, he had about ten seances, which gave satisfactory results, and during that time the hair had begun to grow everywhere in an active manner, but was white in color.

Tuberculous Peritonitis.—Dr. John B. Deaver states (*Medical News*) that the following are the varieties of the tuberculous diseases of the peritoneum:

1. Miliary tuberculosis, with ascites.

2. Tuberculous infiltration of the omentum, forming one or more masses.

3. Tuberculous degeneration of the mesenteric glands, with a matted condition of the bowel, the result of the extension of the inflammation.

4. Tuberculous infiltration of the mesenteric glands, resulting in the formation of a large tumor.

5. Abscesses of the abdominal walls, of tuberculous origin.

The causes of tuberculous disease of the peritoneum may be any of the following:

1. Part of tuberculous affections of serous membranes in general.

2. Infection from neighboring tuberculous organs, as tuberculous ulceration of the intestines, tuberculous inflammation of the glands.

3. Part of a general miliary tuberculosis, when there are no localizing symptoms.

4. Infection through the uterine appendages.

Obstetrical Bundle.—Dr. Geo. E. Abbot recommends the following obstetrical bundle (*Post-Graduate*) as convenient and cheap (about 75 cents):

1. One square yard of rubber cloth to be placed under the patient's hips and thighs—rubber side up, of course.

2. One square yard of canton flannel to be placed on top of the rubber, between it and the patient's body. In this way he makes sure of having the bed protected and kept clean, and an aseptic environment, and the rubber can be quickly arranged to carry off the fluids into a suitable receptacle in case of operative procedures.

3. A number of pieces of cheese cloth to use as small towels, and also, when dampened with bichloride solution, as pads for the vulva.

4. A new and clean nail brush for each case. These brushes cost three cents, and hence one can afford a new one each time.

5. Safety pins.

6. A narrow bobbin, consisting of three strands, for ligating the umbilical cord.

7. An obstetrical eye bandage. This consists of a strip of cheese cloth, the two edges of which are rolled in and then doubled over a second time. While waiting for the pulsations of the cord to cease he wipes out the baby's eyes, and wraps this bandage around the head and eyes, and pins it. When this is not done the child often rubs its dirty fingers into the eyes before the attendants have had time to wash the child. Since he has adopted this plan he has never had any cases of ophthalmia neonatorum.

8. A small wooden vial containing tablets of bichloride of mercury. He prefers small ones to the larger size, as they are just sufficient for each dressing without splitting the tablet.

Peculiarities of Feminine Physique.—In comparing the results of the strength measurements of each important group of muscles in the body (*Bact. World*) for one hundred men and one hundred women, two facts are very conspicuous:

1. As a uniform law for men, the total strength of the arms is found to be almost precisely two thirds of the total strength of the legs, while in women the total strength of the arms is scarcely one-half the total strength of the legs.

2. Comparing the muscles of the upper chest (pectoralis) in the average man and average woman, the woman is found disproportionately strong in this region. For example, the strength of the pectoral muscles of the average woman is found to be 61 per cent of that of the muscles of the average man, whereas the total strength of the arms in an average woman is only 47 per cent of the total strength of the arms in the average man.

Corrugated Paper in Surgery.—Dr. G. F. Cadogan-Masterman says: I have on several occasions lately made use of this convenient packing material as a splint: for instance, in one as "first aid" to a broken arm seen some distance from my house, and where a large piece of the familiar ribbing which had safely carried a bottle of liqueur by post, lying on a table first suggested the new use for it; and a very comfortable and efficient guard it made. In another I employed it in place of the usual pieces of millboard in putting up a leg with bones snapped across three inches above the ankle, and where it would have as much firmness with a quarter of the weight. On the field and in the equipment of travelers I am convinced it would prove most useful; so, I have asked the makers if they could manufacture a special kind for this purpose with a calico base and the ribs made of paper twice as stout. As a flat splint I find two superimposed pieces quite efficient

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for the wrist, but it is, of course, relatively stronger when rolled into a truncated cone or cylinder.

Hypnotism as a Cause of Death.—Von Surbled reported such a case (*Jour. Ment. and Nerv. Dis.*) as follows: The patient, a man aged 52, was of good habit and unusual intelligence, without hereditary predispositions to disease of any kind. He was much interested in the subject of magnetism, and had a great desire to become a medium. On March 31, at a public meeting, he had allowed himself to be used as a subject, in the demonstration of hypnotism. On the following day he devoted himself to the discussion of the wonders of magnetism. On April 10 his family began to notice evidences of eccentricity in his conduct. On the 16th he insisted on going to Paris, but had to be brought back by force, as he had become violent. He continued in a wild state of excitement and delirium, believing himself to be in a hypnotic state, until death, after a period of coma, took place on April 26. The author, after very careful study of the case, was convinced that the hypnotic seance of March 31, overstimulated an excessively impressible cerebrum, and was responsible for the subsequent development of encephalitis, from which the man died.

Water is a local anesthetic. It is said that if water is injected under the skin, the swollen part is insensitive, and an incision can be made in the part without pain.

A Wonderful Bit.—The Britt bit is wonderful, as is demonstrated by the record it has made in stopping every horse, regardless of its viciousness, on which it has been tried. The principle at the bottom of this bit is so simple, so logical and practical that we wonder it was not adopted before. Will you please hold your nose tightly, shutting the air passages, and then try to run swiftly; do you think you would go far, no matter how wild or angry you were? Do you not think your mind would turn to making an effort to relieve the stoppage of breathing? That is the principle of Britt's Automatic Bit. The pulling does not act on the bit itself, lacerating the mouth to no advantage, but it works outside of the bit on the rubber pads, each of which rests against the nostril, and as the rein is pulled these pads are pressed against the nostril, gradually shutting off the wind in proportionate time to the strength thrown into the pull on the rein, which is regulated by springs at the side. The bit also cleverly allows the mouth to open slightly so that a very limited amount of air can pass in that way when the nostrils are entirely closed.

Another invention of Dr. L. P. Britt is a nailless horseshoe. It is so simple that it makes one smile to look at it. It is so rapidly adjusted that a man can take his horse's shoes off every night about as easily as he can take off his own.

Philadelphia Letter.

Editor MEDICAL REVIEW.—The epidemic of influenza which prevailed with so much vigor in our midst during the months of December and January, has very much abated. The following table is extracted from the records of the Recorder of deaths:

Date.	Total No. of Deaths.	Deaths from Phthisis.	Deaths from Pneumonia.	Deaths from Influenza.
Week ending January 9	653	76	153	61
Week ending January 16	588	61	91	49
Week ending January 23	544	77	72	21
Week ending January 30	525	59	79	19
Week ending February 6	508	60	78	10
Week ending February 13	525	51	82	18
Week ending February 20	537	64	60	13
Week ending February 27	505	59	68	6
Week ending March 5	514	66	78	7
Week ending March 12	515	59	65	8

The deaths from phthisis and pneumonia for the past few weeks is much in advance of the average death rate from these diseases at this season.

A fact that seems to indicate that the epidemic influence of influenza continues to make itself felt in the mortality of pulmonary troubles.

Dr. Pepper at a recent clinic in the University Hospital presented to the class cases as follows:

ERYSIPELAS.—In speaking of the etiology of the so-called idiopathic form he said he believed the poison germ always found entrance to the system through some breach in the continuity of the skin or mucous membranes—as a slight scratch or fissured lip. In the case in hand he thought he detected a slight abrasion of the skin which was doubtless the avenue of entrance of the poison. The fact that idiopathic erysipelas so commonly manifests itself upon the face he attributed to its

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being an exposed surface and so commonly the seat of slight abrasions.

The delirium, which is such a frequent attendant upon this disease, he ascribed to the pyrexia, blood poisoning and weakness rather than to an extension of the disease to the membranes of the brain and thus seting up a meningitis. He thought that this latter condition rarely ever attained. While the presence of albumen was in the urine indicates a greater degree of severity, he did not think that it should seriously affect the prognosis as it appeared in such a large proportion of cases and usually disappears entirely after the disease has abated.

He cautioned the class against the danger of mistaking an apparent abortion of the disease in its early stage (fall of temperature and subsidence of the inflammation) for its termination as it was liable to take a fresh start and thereby destroy a favorable prognosis.

He has found no treatment as valuable as the tincture of the chloride of iron in large doses, gtt. xxx, every two or three hours. This he thinks almost specific.

The diet should be of a light readily digestible character. The sick chamber should be properly ventilated and its temperature uniformly sustained.

Great care should be taken to prevent the patient from becoming chilled. Locally, he advised cooling applications, the best of which is bicarbonate of soda with laudanum. Of the various ointments in use he suggested lead ointment with belladonna, mercurial with iodine, and belladonna ointment with vaseline as the best, but these he thought disagreeable to the patient and of doubtful value.

Lumbago.—The patient, a man, was employed in a rolling mill. His occupation involved severe muscular exertion and subjection to extreme degrees of heat and cold.

He complains of pain in lumbar region which has existed more or less persistently for over a year.

Its onset was gradual, it is dull, achihg in character, rarely absent altogether, always sharply aggravated by such movements as bring the affected muscles into play, and then becoming stabbing in character. The spine is held stiffly and the body bent slightly forward, the position wnich best rests the involved muscles. Efforts to stand erect, to rise from sitting posture, or to recover from stooping posture produce excruciating pain.

The character and location of the pain indicate the existence of aneurism, spinal caries or lumbago.

Upon careful examination the heart and vessels are found to be normal thus excluding aneurism. Spinal caries is excluded by absence of undue prominence of any of the dorsal or lumbar spines and failure to produce pain by pressure over same.

Upon the character of the occupation the nature of the pain, the effect of muscular action, the absence of pain upon pressure and kneading of the muscles and the exclusion of the first named conditions is based the diagnosis of lumbago.

The pain of lumbago, he thinks, is due to an inflammation of the fibrous insertion of the muscles on the intervertebral discs, although it may be found in the nerves. When pressure fails to disclose a painful spot, as in the present case, the intervertebral discs are probably the seat of the inflammation.

While these cases are often intractable, lasting for years, the prognosis is favorable as to ultimate recovery.

The treatment advised in this case will consist of a prolonged rest in bed with a long course of iodide of potassium and bichloride of mercury. Locally, owing to the evident deep inflammation, applications of the actual cautery. Deep injections of morphia and atropia, so useful in the more acute cases, he thought of no service here.

Dubuque, Iowa, Letter.

Editor Medical Review.—Dubuque is the city midway between the great centers, St. Louis and St. Paul. In the olden days when the palatial Mississippi River steamboats were at their best, the people of Dubuque always felt at home and considered themselves as neighbors with the inhabitants of the river towns, and many are the compliments I have heard for the members of the medical profession in the metropolis of Missouri.

Being a subscriber to the Review for some time I thought a few lines from this locality might be of interest to your readers.

The profession in this place will, I think, compare favorably with that in similar cities. There are two fine hospitals here; St. Joseph's, conducted by the Sisters of Mercy, also the Finley Hospital, just completed and second to none in its appointments. Both are crowded with patients, and St. Joseph's is to have an addition this Spring of ten rooms and a new operating room containing all the modern improvements.

The Julien Medical and Surgical Society held a stated meeting last week, the President, Dr. Allen Staples, in the chair; there was a large attendance and much interest manifested. The President showed several pathological specimens, among them a testicle which he had removed from a young man, 26 years of age, who presented the following history: Several years ago while playing foot-ball he was "spiked" by a companion, the scrotum was torn open and contents severely injured. The wound was dressed at the time and healed well, but subsequently a double hydrocele developed. About a year later the hydrocele on the left side was tapped and injected with iodine by a well-known surgeon of Kansas City. Following the operation a severe orchitis developed, degeneration of the testicle and tunica vaginalis took place, and the patient's health began to fail; when, having moved to this city, he applied to Dr. Staples who, upon examination, decided to remove it, which he did several weeks ago. The operation was done with the usual antiseptic precautions. On the right side the hydrocele was encysted, the fluid drained off and a portion of the tunica vaginalis removed. Both wounds

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did well, and united by first intention. The patient is now gaining strength and considers himself well.

In the discussion that followed Dr. J. J. Brownson remarked that in the light of to day the operation of injecting hydrocele, cysts, etc., with irritating and poisonous substances, and leaving the same in the tissues was not only unscientific but unsurgical. In the days before antisepsis was thought of and when patients were loth to undergo formidable operations, injection was a sort of compromise and served its purpose well enough. Now-a-days people do not look upon surgical procedures as they were wont to, so that the operation for these conditions in the "new surgery" is antiseptic incision, washing out the sac with some efficient germicide and, if necessary, drainage—an operation which if properly done is attended by scarcely any danger.

Dr. Godfry, of Galena, in speaking of operations on the scrotum said he greatly favored open incision to subcutaneous methods; antiseptic incision was far preferable to injection in cases of hydrocele. In subjects of varicocele he was decidedly in favor of open incision and tying off what veins were necessary, as being much safer than subcutaneous ligation of the vessels. The doctor then spoke at length on the advisability of surgical procedure in varicocele. He would always operate when the mental condition was such as to interfere with the health of the patient, or the enlarged veins were of such proportions as to render removal imperative.

Dr. S. S. Lindsey, of West Dubuque, gave an account of arsenical poisoning in a household which had come under his care. It seems that a family of three persons had lately moved into the suburbs of the city; while in the country they had been in the habit of keeping arsenic for treating horses. The drug was kept in a baking powder can with a label "poison" on one side; somehow in moving the label became detached and lost; shortly after getting into the new house the mother made up some batter for fritters, thinking the arsenic was the baking powder. She put in a tablespoonful. The mother ate three fritters, the father and daughter two each; shortly after the meal was over all were taken sick, and when seen by the doctor they were suffering from intense gastro-intestinal irritation. The mother was almost collapsed. Emetics were promptly given and acted energetically; when all the ingesta were evacuated large quantities of milk of magnesia and dialyzed iron were given. After continued efforts the father and daughter were out of danger, but it was found impossible to save the mother who passed into collapse and died in about twelve hours.

As we are located near the "Keeley Cure" many patients who "look early and often on that which is red" hie away to that Mecca of alcoholics. One of the members told of a medical man who took a course at the "Keeley Institute"—it was stated in the circular that the institution would furnish all the whiskey required; our doctor, however, conceived the idea that the Keeley whiskey was drugged so he retained a bottle of his "old favorite," and after a few days, when he was unable to hold the "Keeley" down, he fell back on his own bottle, but it was "no go," he vomited every time. From the statement of patients here, they seem to think there is something in the Keeley Cure. Of course it is early yet to say how much permanence there is to it. The one great drawback is that the "Keeley Institutes" are making so many granuates that one will soon hardly know whether M.A. means Master of Arts or Master of Alcohol.

After various remarks by members present and some animated discussions on current topics the Society adjourned to assemble again on the first Thursday in April, which will be the Annual meeting.

"MEDICUS."

Springfield, Ill., Letter.

Editor MEDICAL REVIEW.—With the arrival of Spring we announce the departure of "la grippe." This disease has much to answer for, whether it is a coincidence or not, but in the experience of many in this vicinity there have been an unusual number of cases of obstruciion of the bowels laid at the foot of this justly dreaded disease. In many cases it has proved fatal; in those in which the obstruction, which, by the by, is usually situated in the cecum, has been overcome, whether by operation or medicine, the recovery has been tardy. With the departure of the epidemic, we announce the arrival of an extensive outbreak of follicular tonsillitis having the usual symptoms, viz., fever and aching of limbs.

Unfortunately we have to record a few cases of scarlet fever, but as they are few in number and mild in character, hope that it will soon be stamped out.

Favus being a rare disease in this country, is may be well to relate a case.

T. H., about eighteen months ago had "grippe," which was followed by an outbreak of sores on various parts of body, more especially on face. When I first saw her four months ago, I found her in a dirty and neglected condition with various sores on body, more especially on head and face; those on face being almost typical of favus in color, character and form. The most typical cup-shaped disc was situated on forehead and when the crust was removed there was no evidence of suppuration, and a shiny red surface was what remained; under some of the other crusts there was a very slight sign of suppuration.

Treatment consisted in removing crusts and the application of bichloride of mercury solution (gr. viij to ℥j), antiseptic bath, application of ointments, and the use of tonic. Under this treatment she is improving, but only slowly.

At St. John's Hospital a sister was unfortunate enough to lose her arm, the member having to be amputated just above the elbow. This was the result of dressing an abscess, when she had a small wound on her thumb, which became poisoned. It is only too often

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we hear of such cases, where a nurse in her eagerness and enthusiasm forgets to attend to a slight wound on her own hand, the neglect of which has a termination as disastrous as the above. C. F. S.

Hiccough and Compression of the Phrenic.

Editor MEDICAL REVIEW.—I see on page 149, Feb. 20, 1892, of the REVIEW, under the head of "abstracts," a notice of "a novel method of combatting persistent hiccough," by M. Leloir, etc. It seems strange to us to see that this is claimed to be the discovery of Leloir. Perhaps he had never heard of its being *i. e.*, "compressing the phrenic nerve," employed years ago by J. Warburton Biglie, M.D., F.R.C.P.E., see Reynold's Syst. Med., by Hortshorne, Philadelphia, 1880, page 1058, Vol. I. The author here states that "there seems to be some difficulty in accounting for the occurrence of hiccough from an irritation of the phrenic nerve, as has been suggested by various writers; nevertheless it is consistent with the writer's observation in several instances, that firm pressure exerted for a brief period over the lower part of the neck corresponding to the situation of the scaleni muscles so as to palpably compress the phrenic nerve, has led to its temporary and even entire arrestment." This I have often tested and found it to be the best measure in persistent cases.

Winfield, Ark., March 1, 1892. CHEVES BEVILL.

Earache.—Take five parts of comphorated chloral, thirty parts of glycerine, and ten parts of oil of sweet almonds. A piece ef cotton is saturated and introduced well into the ear, and it is also rubbed behind the ear. The pain is relieved as if by magic, and if there is inflammation it often subsides quickly, says an exchange. A more cleanly method and one we are better acquainted with is to instil a few drops of a solution of neutral sulphate of atropine. The strength should be four grains to the ounce of distilled water.

We wish to again call attention to the outline stamps for recording diseases, recently shown in the advertising pages of this journal. A labor-saving device attracts every busy man; a graphic form of record appeals to every scientific man; therefore, Rubber Stamps for rapid and accurate entry of the histories of patients must interest all progressive medical men. By using a Rubber Stamp in your case-book, or elsewhere, with colored ink, a pencil sketch can be made over the normal outline and a displacement or tumor clearly shown. The progress of the case is entered in the same satisfactory way, and one unaccustomed to drawing is easily able to represent abnormities. These stamps are made from the finest vulcanized Para rubber, mounted on cherry bases, with ebonized handles, and are manufactured by J. C. Barton & Co., 338 Broadway, New York City.

St. Louis Medical Society.

The regular weekly meeting of the St. Louis Medical Society was held Saturday night, March 26, Dr. A. D. Williams in the chair.

There were no reports from the committees, nor extraordinary business, nor applications for membership.

Dr. McCandless made some extemporaneous remarks in regard to the dime museum freak he operated upon during the past week. He was followed by Dr. Marks with a detailed statement of the case, and the exhibition of the pathological specimen including the esophagus, stomach and ileo-cecal valve with the appendix. The patient, a professional glass eater, entered the hospital suffering from acute gastritis and in a dying condition; physical examination revealed nothing, there being neither peritonitis nor tympanitis. After learning the history of the case an attempt was made to wash out the stomach but it was unsuccessful; emetics were then administered and in the vomited matter was found quite a number of nails, tacks, screws, and broken glass. Relief not being obtained, gastrostomy was performed and there was removed from the stomach over thirteen ounces of foreign matter consisting mainly of tacks, nails and broken glass. A small piece of glass was found in the appendix, as was particles in the esophagus.

Dr. Broome said the case was instructive as showing the invulnerability of the stomach and the tolerance of that organ, so far as foreign bodies are concerned, under certain circumstances. It was peculiar that there were no prodromic symptoms although the particles must have been there a great length of time.

Dr. Bremer asked if a special examination of the brain as to configuration had been made. He believed the man to have been crazy. Often in autopsies of the insane foreign bodies of various kinds were found in the stomach. The patient's history as given and his statements in regard to the feats of his father, one of which was that he used dumb-bells weighing one thousand pounds, stamped the man as a pathological liar.

Dr. Henry H. Summa read an article on "Tubercular Joint Affections and Their Treatment by Iodoform Injections." He sketched rapidly the history of the treatment and the best means of using the injection. He preferred, and had seen the best results, from using glycerine as the menstruum instead of the various oils. The latter were liable to become rancid and to need sterilization while the former was free from these objections. The doctor also exhibited a ring pessary that had remained in the vagina twelve years.

Dr. Hugo Summa prefaced his remarks by saying

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that he had never personally used the treatment, and spoke only from what he knew from bacteriological literature. Krause, of Halle, had called most particular attention to the fact that in tubercular joints where the iodoform injections were used if a fistulous opening existed or there was any communication with the air the result was almost *nil*, that the injection was deprived of its efficacy when contaminated with oxygen.

Dr. French recalled seven cases he had reported, in two of which fistulous openings existed, all of which were speedily cured by the iodoform injections.

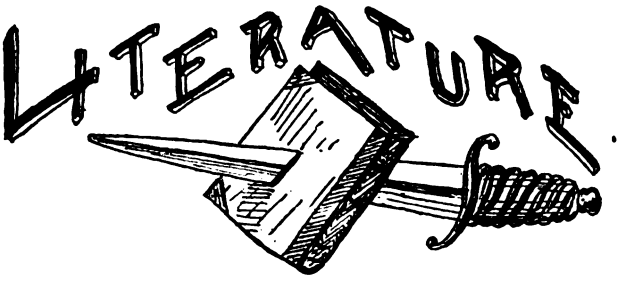
Dr. Broome questioned many of the diagnoses. The simple fact of joint disease together with fistulous openings did not constitute, necessarily, tubercular infection. All such cases should be most thoroughly examined microscopically before a final report was made.

Drs. Hurt and Borck had a short discussion in regard to the retained pessary. The question of culpable negligence was discussed spiritedly between them.

Dr. Williams regaled the members with a few remarks in regard to the pervertive functions sometimes manifested or exercised by the vagina,

Cancer of the Lower Jaw.—Dr. Hingston exhibited to the Medico-Chirurgical Society of Montreal (*Can. Med. Rec.*), two lower maxillæ which illustrated the two modes of invasion of the disease. In the first case the disease had begun in the bone itself, and in which the loss of substance was about the size of a finger, and had slightly involved the submaxillary gland. In the second case the disease had appeared on the outer surface of the bone as a result of extension from secon dary disease of the submaxillary gland, a cancer of the lip having been removed a year before. When the dis ease begins in the bone itself the patient has a very much greater chance of recovery than when it is due to extension from the gland. He thought that he had bet ter results after the operation for removal of the jaw for cancer in well chosen cases than he had after the removal of the breast. In one case he had removed the upper jaw and there was no return. In another case where he had removed the upper jaw the patient died of old age. It is necessary to make a clean sweep of all the diseased parts to have a satisfactory result.

Baby With Congenital Dislocation at the Knee.—Dr. T. J. McGillicuddy presented to the New York Academy of Medicine (*Med. Rec.*), a baby about twenty-four hours old, which was born during breech presentation, with the right leg against the abdomen, the knee straight, the thigh flexed; the left leg also against the abdomen, thigh flexed, the leg twisted and dislocated at the knee. The child was born without any interference. As the knee was somewhat reddened, it seemed probable, as Dr. Jewett suggested in the dis cussion, that the dislocation had taken place by pressure on the pubis or by some other force during labor. He was still able to subluxate the joint, but it was gradually growing firmer.



Bacteriological Diagnosis: Tabular Aids for Use in Practical Work. By James Eisenberg, Ph.D., M.D. Translated and augmented with the permission of the Author from the Second German Edition. By Norval H. Pierce, M.D. 8 vo., pp. 184. [Philadelphia and London: The F. A. Davis Co. 1892. St. Louis: J H. Chambers & Co., 914 Locust Street. Price, $1.50.

What Will's tables are to the student of chemistry, these tables will be found to be for the student of bacteriology. Now that this study has become an essential in the technical education of every medical man, no medical student can afford to do without such an aid and we can safely commend the work before us as a good practical guide in one of the most fascinating studies now engaging the attention of every student of biology.

There are some omissions which we have noted in our examination of the work. Thus we can find no mention of the bacillus fetidus of Thin, nor of the bacillus prodigiosus. The bacillus sycosiferus fetidus of Tommassoli is also omitted as well as the organism which is universally recognized in England and known as the microsporon Audouinii. One of the most serious omissions, however, is that of the microsporon furfur, the well known cause of tinea versicolor, which is easily obtainable and which is easily cultivated and interesting as one of the dermatic flora.

Aside of these slight omissions the tables before us are complete to a degree sufficient for any one not a proficient expert in bacteriology. We are certain that the work will become the standard guide in all the biological laboratories of this country as it is constructed upon a rational plan and is so replete with information that is easily accessible that every teacher will recommend its use.

The translator has not only done his work well, but he has supplemented that of the author in such a manner as to materially enhance the value of the original.

The publishers have done their part in a handsome manner having presented us with a book which is of elegant appearance and executed typographically in an exceptional style.

Notes on Beauty, Vigor and Development. By William Milo. 12 mo., pp. 23. [New York: Fowler and Wells Co.

This is an interesting little pamphlet which will repay perusal by those interested in the subjects with which it treats.

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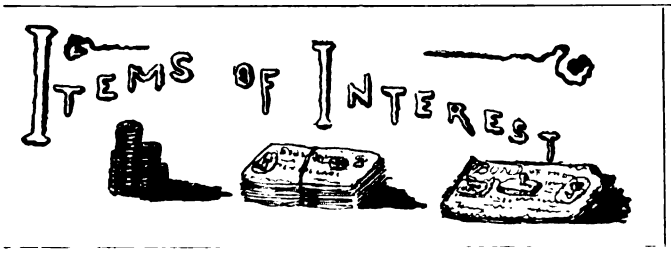

Dr. J. Wagner, professor of anatomy in the University of Charkow, died recently.

The Physicians, Surgeons and Obstetricians of the Paris hospitals counted 200 on February 1, last.

Dr. J. von Hasner, formerly professor of Ophthalmology in the German Medical Faculty, died lately at the age of 73.

The Congress of French Alienists will hold its annual session this year at Blois on August 1. Some interesting discussions are promised.

Dr. Philip T. J. Bordone, knows as "the General," who followed Garibaldi for years died not very long since in Paris at the age of 71, in extreme poverty.

Medical Advertising, both direct and indirect, is growing in favor with a certain class of doctors, and their more quiet brethren do not know how to stop them.

The Ball of the Parisian medical students which recently took place was a pronounced success, the President and his wife, and a number of distinguished guests participating.

The Beaumont Hospital Medical College, of St. Louis, held its commencement exercises at Memorial Hall March 28th last. There were 45 graduates who had diplomas conferred on them.

Dr. J. M. Allen of Liberty, Mo., met with a serious accident a few days ago, having sustained a fracture of the leg. The doctor will have the sympathy of a large number of professional brethren.

Dr. Kitasato, one of the most distinguished of Koch's assistants, has returned to Tokyo, Japan, to take charge of a bacteriological laboratory which has been erected for him by order of the Mikado.

The Practitioner of the Inland Sections.—If Dr. Weir Mitchell's estimate of the place and function of the rural physician is correct, it is desirable that the latter should without delay, take one or two more medical journals. Dr. Mitchell has stated that the true measure and index of advance in the healing are not determined by the work of single men, but by what the country doctor is.

Dr. Amedee Amette, the honorary secretary of the Paris Academy of Medicine, died not long since at the advanced age of 90. He was the author of a "Medical Code" which enjoyed a great popularity.

Marine Hospital on Martha's Vineyard.—The Government has accepted six acres of land at Vineyard Haven as the site of the new Marine Hospital. The tract is situated on the bluff across the harbor from the village of Vineyard Haven.

Higher Medical Education is demanded in Belgium on account of overcrowding in the profession. There is one doctor for every 2,120 inhabitants in Belgium, and one for every 950 in Brussels. Not quite so crowded as in the United States.

A Rival to the Keeley Cure.—A well known physician of New York, heretofore in good repute, has discovered a cure for alcoholism which is better than Keeley's, and he has started an institute for treatment. At least that is what an exchange says.

The Onus Probandi of Medicine.—A writer in an esteemed contemporary refers to tuberculosis as one of a "class of diseases which have so long been the *onus probandi* of medicine." We should smile, says the *Medical Record.* We are with you, measure our grin!

A Faith Cure Victim.—The coroner of Cincinati held an inquest March 17, on the body of an infant which had died without medical attendance save that of a Mrs. Burdge, a Christian Science healer. The coroner says the testimony in the case ought to warrant legislation to prohibit this kind of medical practice.

Attacked by a Lunatic.—Dr. George W. Griffith, a Louisville physician, was attacked in his office March 17, by a lunatic named J. St. John, who had been hounding him. St. John tried to choke the physician to death. Dr. Griffith was liberated by two detectives who had been hired to guard him. St. John was arrested and locked up.

Injections of Nerve Substance derived from the sheep have been practiced by Constantin Paul. The results are reported as highly satisfactory in paralysis, neurasthenia, etc. The spinal cord of the rabbit has also been employed for this purpose. The technique of preparing the substance is quite complicated and the strictest antisepsis must be observed throughout.

Railroad Hospital at Topeka, Kan.—The Santa Fe Railroad Company will soon erect in Topeka a hospital for the care of the sick and injured of its employes. Petitions have for some time been in circulation among the workmen in the Santa Fe shops, the general offices and most of the stations of the roads in Kansas asking that such a hospital be built.

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The Average Duration of human life is said to be increasing at the rate of ten years each century.

A Mural Tablet was recently placed on the house at Limoges in which the great French anatomist, Cruveilhier, was born.

Fame is the name of a new journal for advertisers which has just made its appearance in New York. It is a monthly edited by Artemas Ward.

Mr. Jonathan Hutchinson, F.R.S., has been elected President of the Medical Society of London, and Mr. Marmaduke Sheild and Dr. William Pasteur Secretaries for the ensuing year.

The Number of micro-organisms in a fluid, milk for instance, may be greatly diminished by subjecting the same to centrifugal action. Some germs are more readily removed than others.

H. F. Gillingham, a young student who attends the Bellevue Medical College, prescribed for a young lady with whom he was acquainted, which finally ended in her decease. The coroner has issued a warrant for his arrest, and he will be held to await an investigation.

Miss H. R. Porter recently sued Dr. K. D. Wise, of Los Angeles, to recover $30,000 damages for alleged malpractice. After the prosecution had introduced its evidence, the court granted the defendant's motion for a non-suit. The suit arose from claimed poor result in the treatment of a fracture of the patella.

Some European Investigator claims to have discovered a microbe living in a vacuum. Its natural habitat must be inside the head of said investigator says an exchange. Another cotemporary states that the above investigator is now looking to find upon what the microbe lives. Its food is probably of the same nature as the item—imaginary.

The Florida State Medical Society will hold its Annual Session during April of this year in Key West. It is proposed that on adjournment of the session the Society and its guests shall take a trip of a few days to Havana. The committee of arrangements are arranging with the Steamship Company for a very cheap first class trip, which will no doubt be very enjoyable.

Dr. E. A. Donelan, of St. Joseph, Mo., is a member of the State Legislature from Buchanan County and has served continuously in that capacity for many years, having represented Andrew County two terms before the war and Buchanan County four terms since the war. He was born in the State of New York and graduated from the Ohio Medical College, but he came to Missouri in 1848 and has ever since been prominent in its affairs.

A New Medical Journal entitled *La Region Medica Vasco-Navarra* has recently appeared in Spain. Our new contemporary, which is to be the official organ of the Medico-Pharmaceutical College of Navarre, intends (according to its prospectus) to devote itself to the reform of medical grievances generally, which seem to be pretty much the same as those complained of in this country.

Railroad Surgery.—O. M. Conley, administrator, filed a suit against the Lake Shore Railway Company March 18, which will be of interest as indicating the liability of railways for the incompetency of railroad doctors. Conley sues for $10,000 damages for the death of James Spurgeon, a brakeman, who smashed his hand while coupling cars, had the case attended to by Dr. Pixley, the company's physician, and subsequently died of blood-poisoning. The effort of the plaintiff will be directed to proving incompetency and neglect by the company through its physician.

Big Doctor Bill.—Think of a physician's bill of $10,000 for one year's services and medicines furnished. That is what Dr. Henry Illoway wants fron Gustav Loewenstein, Jr. He filed suit for it in the Superior Court of Cincinnati. He alleged that he attended Mrs. Loewenstein from January 19, 1890, to January 1, 1891, and cured her of maladies with which she was afflicted. He says his services were worth $10,000 and he wants judgement for that amount. It was learned that Mrs. Loewenstein was afflicted with peculiar troubles that required extraordinary services, hence the big bill.

Leprosy in South Africa.—The *Uitenhage Times* for January 14, 1892, has an article on leprosy which appears to give expression to a widespread feeling of alarm in that part of South Africa. The settlers object to the lepers having free access to the provision shops, and to the common source of water supply, and to their being visited by natives employed as domestic servants to the rest of the community. A number of medical men practising in South Africa are quoted as believing in the contagiousness of the disease, and cases of presumed contagion are referred to. The popular feeling points to a demand for isolation.

The Illinois State Board of Health has during the week ending March 18, issued State certificates entitling to practice medicine and surgery in Illinois to the following named physicians: Charles Rertschinger, Richard McSherry, Delta Davis Rea, Alfred S. A. Sander, O. D. Whalen, of Chicago; Jesse Fremont Buckley, Streator; John Lewis Cook, Shawneetown; E. M. Hanson, Godfrey; John R. Harrison, Cuba; Wm. J. Rideout, Tuscola; Wm. G. Schmidt, Quincy; Elijah S. Shirley, Xenia; Franklin T. Wilcox, Minonk.

State certificates were issued to practice midwifery to Marie Barnard, Hannah Blamberg, Katie Heinrich, Laura Schlibs and Mrs. Babette Schwarz, all of Chicago.

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Dr. Popoff, prosector of the Nikolaeff Naval Hospital, St. Petersburg, died recently.

Dr. H. C. Miller, for sixteen years coroner of Louisville, Ky., is dead. He was brigade surgeon with Gen. Rousseau in the Federal army during the civil war.

During the Six Months ended December 1891, 476 children were born in the Melbourne Hospital for Women, and during the same period eight adults and 13 infants died.

Near-Sightedness is said to be over-running the French people as much as Germans. Among the senior boys in the different French colleges more than forty-six per cent are near-sighted.

Seven Babies at a Birth is rather a remarkable showing. Marc Juneau, a French demi-mondaine of Guayaquil, Ecuador, is said to have given birth to seven chilren, all perfect and healthy.

At the Last Meeting of the Ontario Board of Health, Dr. Charles McLellan, of Chicago, formerly of Trenton, Ont., was appointed to look after the sanitary appliances of Ontario which are to be exhibited at the World's Fair.

At the Annual Meeting of the Medical Society of Victoria, held on January 13th, the following officers were elected for the ensuing year: President, Prof. Allen; Vice-presidents, Dr. Gresswell and Dr. C. S. Ryan; Hon. Treasurer, Dr. G. R. Adam; Hon. Librarian, Mr. J. H. Webb; Hon. Secretary, Dr. W. Moore in the place of Dr. Barrett, resigned in consequence of pressure of other business; Hon. Auditors, Dr. Barker and Dr. Bennie.

At the Annual Meeting of the Victorian Branch of the British Medical Association, held on January 20, the following gentlemen were elected to the several officers for the year 1892: President, Dr. J. W. Springthorpe; Vice-President, Dr. D. A. Gresswell; Hon. Treasurer, Dr. F. Meyer; Hon. Secretary, Dr. A. L. Kenny; Members of Council, Drs. Kenny, Springthorpe, Gresswell, Shields, Neild, Meyer, Syme, W. H. Embling, Mullen, and Molloy.

Electric Baths for the Treatment of Syphilis.—At the General Hospital of Vienna, M. Kronfeld has found (*Jour. Am. Med. Ass'n.*) that the employment of electric baths causes a more complete and efficacious absorption of mercury than other methods of administering the drug. More mercury is eliminated in the urine; no albuminuria is caused; polyuria is rare. The patients are stated to be cured in from two to four weeks after having taken from ten to twenty-five baths. Symptoms of mercurial poisoning must be looked out for in this as in other modes of using the drug.

George Yeaman Heath, M.B., D.C.L., F.R.C.S., Eng. died recently at the advanced age of 75. He was a well-known and distinguished Surgeon of England. He was one of the founders of the Newcastle Medical School in which he held the chair of surgery up to the time of his death.

The Russian Government has followed the example of Austria in ordering that physicians' prescriptions must be legibly written. In addition, physicians are prohibited by the same decree from making use of synonyms for official remedies not sanctioned by the pharmacopeia.

Ambulance Surgeon Outrage.—We have learned of a new case of brutality at the hands of a New York ambulance surgeon. This time the ambulance came from Roosevelt Hospital with Dr. Frank G. Cox in charge. An old and feeble woman had been knocked down by a horse and wagon and, while waiting for the ambulance, Drs. Scholer and Kolle tendered their assistance. Dr. Cox, upon his arrival, pushed the other doctors aside and roughly examined the woman compelling her to stand and walk although half-fainting. He refused to take her and a hurry call for an ambulance from Bellevue took her there. Dr. Cox's case is to be investigated as several complaints have already been lodged against him.

Crimes by Sexual Perverts.—According to the *Western Medical Reporter* the sensational killing of one girl by another who was enamored of her is too recent to need any detailed statement concerning it. Two other crimes, suicide and attempted murder springing from the same impulse, sexual perversion, have since engaged public attention. It is probable that these cases will become almost epidemic, as there are a number of hysterical females who imitate their perpetrators in order to secure the attention their morbid condition craves. It is well in view of this probability to look at the legal side of this question. The defense set up will be insanity in every instance. These sexual perverts are not mentally sound, some of them being congenitally defective, but the counts have never held, and it is right that they have not, that sexual perversion is accompanied by a lack of responsibility. The condition arising from sexual excesses is either melancholia or a confusional state and in neither is deliberation possible. The deliberation and premeditation displayed by the criminal exclude them from these classes. They are properly classed by the courts with cases of murder from jealousy. While they do not deserve the fullest punishment known to the law, the committing of one or two to state's prison for a term of years will exert a wholesome effect in restraining others. Dr. Kiernan, than whom no observer in more competent, believes and has demonstrated in one case that a sexual pervert can be taught to look upon such desires in a natural way and restrain them by the exertion of will power.

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Dr. Ramon Guiteras, of New York, is ac counted to be the best amateur boxer in the East.

Dr. F. M. Farrar, of Fort Worth Texas, (St. Joseph's Infirmary), died very suddenly of hemorrhage on February 26, last.

The Country Doctor, a weekly medical journal published at Arcot, Tenn., has changed its form to an eight page folio.

Dr. Scudder, of Chicago, has been indicted again for the murder of his mother-in-law, this time charged with poisoning her as well as smashing her skull.

Dr. J. W. Mahoney, of Middleton, Ind., was recently accidentally shot by his wife. Mrs. Mahoney, while examining a revolver, accidently discharged the weapon and the ball entered her husband's side, fatally wounding him. He was a prominent physician of the town.

Memorial to Sir Morell Mackenzie.—Lord Calthorpe, who has had charge of the fund for the erec tion of a memorial to the late Sir Morell Mackenzie, has announced that the fund will be devoted to the erec tion of a permanent addition to the Hospital for Dis eases of the Throat, which was founded by Dr. Mackenzie in 1864, and with which he was connected until the time of his death.

End of a Malpractice Suit.—The profession will be gratified, but hardly surprised by the result of the suit for malpractice recently brought against Drs. James and Thomas McCann, of Pittsburg. After hearing the testimony of the plaintiff and the plaintiff's witnesses, the commissioners promptly dismissed the case as being without the slightest ground for action. "Out of their own mouths were they condemned," and so decidedly was the fact that the defense was not called upon to offer any evidence whatever.

James Kennedy, the "Human Ostrich," states that he has been swallowing tacks, glass, nails, etc., for the past eight years. He was recently admitted to the St. Louis City Hospital where laparotomy was performed. The stomach was found to contain fully a pound of shingle nails, sharp-pointed tacks, several screws and a number of bits of broken glass, evidently of lamp chimneys or very thin tumblers. One miscellaneous bunch of shingle nails and tacks was tied with a white cotton thread, and had evidently been taken at one dose. Kennedy is 21 years old. He said that the Bellevue Medical College of New York had made him a standing offer to pay $5,000 for his body whenever he should die, so firmly did the college authorities believe that his stomach was unlike that of other persons. Dr. Marks, the Superintendent of the St. Louis City Hospital, stated, however, that it differed in no wise from the normal.

Consistency is one of the virtues which has been lived up to pretty well up to the present by our esteemed contemporary the Pittsburg *Medical Review*. It has steadily refused to publish the advertisements of proprietary medicine firms. However, we note that in its March issue appears the ad. of a lying in hospital which has been denounced by the reputable medical journals published in the city in which it is located. *Verbum sap.*

Snake-Bite.—Dr. Kaufmann, who recently took the Orfila price of the Paris Academy of Medicine (*Med. Rec.*) for a memoir on serpent venoms, says that chromic acid is the best remedy for snake-poisoning. It is employed in one per cent solution by intramuscular injection, the needle being plunged into the tissues at the point where the bite was received. In this strength, he says, the acid exerts no caustic action in the tissues, while it destroys thoroughly the toxic properties of the venom.

Dr. Leslie E. Keeley.—

[This authentic portrait is taken from *The Banner of Gold* Dr. Keeley's organ.]

Newark is the paradise of hydrophobia. It furnished the first American patients for the Pasteur Institute, and it is now furnishing them for New York City. After a dog, with a tin can tied to its tail, has been well run down and in self defence bites a few people, he is quickly killed, and a new contingent sent over to the Pasteur Institute. There must be some reporters who work up hydrophobia in Newark, for they have more of it there with their two hundred thousand people, than New York with it fifteen hundred thousand and London with its five million.

Note the Pupil in chloroform anesthesia. When the pupil dilates, the cardiac respiratory centers are beginning to be inhibited.

Smuggling False Teeth.—Smuggling false teeth into the United States is the charge laid against Dr. Emma Hellwig, of Chicago, upon whose domicide two Federal officials descended. Over 5,000 of the contraband molars were found in her apartments, all of them single, no sets being discovered. The accused is a widow of middle age, who has a shingle out as a physician. She admits having sold some of the teeth, and investigation of possibly extensive frauds is being made.

Composition of Rheumaticura.—This nostrum, which is veraciously "guaranteed to cure all kinds of rheumatism, gout and lumbago," according to its advertisement, is composed (Pittsburg *Med. Rec.*) of wine of colchicum, tincture of guaiac and iodide of potassium in a syrupy vehicle. In these drugs reside its therapeutic virtues; its selling qualities depend upon an unlimited amount of mendacity in a vehicle of printer's ink. The cost of this compound to the victim is three dollars per six ounce bottle, and the proprietors are reputed to be doing a large and profitable business. Verily, "the fool and his money are soon parted."

A Tall Story.—The following story comes from Goshen, Ind.: The queer case of John Sousley, a farmer living near South Bend, is attracting much attention. Sousley follows threshing in season, and quit last September with a badly inflamed eye. It has pained him continually since, until yesterday, he decided to consult an oculist, who found that a grain of wheat had lodged in his eye, sprouted, and in its growth had forced a passage up between the scalp and skull and had found an outlet near the apex of the right eye. The stalk was carefully removed and transplanted in a hot bed, where it is expected to grow. Sousley is do ing finely.

Toronto General Hospital.—The annual report of the Toronto General Hospital, which has just been published, contains much that is interesting (*Canad. Prac.*) both to the profession and the public. The first building for hospital purposes in Toronto was erected on the block bounded by King, John, Peter, and Adelaide streets, at a cost of $15,000. The present site was selected in 1854, when the central building was erected. For many years it had a serious struggle for existence, and in August, 1868, the trustees were compelled to close it on account of lack of funds. The total number of beds now in commission is 365. This includes those of the new pavilion, which number 39. This pavilion is intended exclusively for women suffering from diseases and tumors of the abdomen and pel vis; and, although unpretentious in appearance, is admirably adapted for the purpose for which it was intended.

Anesthetic Salve for Hemorrhoids. — The following is given in *Med. Chir. Centralbl.:*

℞ Cocaini muriat., - - - - gr.iij.
Morphiæ sulphat., - - gr.ivss.
Atropin. sulphat., - - - gr.iij.
Tannin, - - - - - gr.iijss.
Vaselini, - - - - - - ʒv.
M.
Sig. Apply after each evacuation of the bowels.

Anticholestatic Pills.—Contaret recommends the following:

℞ Ext. colocynth.,
Hydrarg. chlorid, mit., - aa gr.jss.
Ext. hyosciam., - - - - gr.¾.
M. Ft. pil. No. 2 argent.
Sig. Take at breakfast or at supper.

These should be taken two or three times at intervals of two or three weeks according to indications.

Eucalyptus Ointment.—This is an ointment of the "British Pharmacopeia," of 1885, and is made as follows:

℞ Oil of eucalyptus (by weight), - ʒj.
Soft paraffin, - - - - - - ʒij.
Hard paraffin, - - - - - ʒij.

Melt the two paraffins together, and when they are nearly cold stir in the oil of eucalyptus.

A much better ointment would be obtained by substituting beeswax or cerasin for the hard paraffin. Paraffin does not mix well with the soft pretroleum products such as saxoline.

For Hoarseness.—In addition to the measures employed in the treatment of the causative condition, the following formula will prove useful in the amelioration of hoarseness says Whitla (*Med News*):

℞ Acid. tannic., - - - - - ʒj.
Pulv. sodii biborat., - - - ʒj.
Tinct. capsici, - - - - - ʒss.
Aquæ rosæ, - - - - - ʒx.
M.
Sig. To be used frequently as a gargle.

For Sore Throat.—

℞ Cocainæ hydrochlorat, - - gr.viij.
Acid. carbolici, - - - - - ʒj.
Glycerini, - - - - - ʒiv.
Aquæ rosæ, - - - - ad ʒxij.
M.
Sig. To be diluted with an equal quantity of water, and used alternately as a spray and gargle.

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"There's Richness for you," said the Doctor as he injected a charge of gold into a despondent bummer.

Col. Kaintuck.—"Doctor, your medicines are do ing me no good. An old lady in town has written to me to try hot water. She says it is a sure cure."

Physician.—"Well, if you will drink plenty of hot water and nothing else you will get well."

"My stars! Why didn't you tell me so before?"

"Nothing else, remember."

"Y-e-s; I'll do it."

"All right. By the way Colonel, you needn't bother yourself about taking it hot; cold water will do"

Illustrated Testimonials.—

Plaster Co.: "Gentlemen—I have lately commenced using your plasters and have already become very much attached to them. Yours truly, A Thin Skin."—*Judge*

His Liver in Order.—Of all the queer-minded "kids" in St. Louis, and one who is too precocious by half, North Market can justly claim the laurels. In that neighborhood lives a family who are pretty well known, and they possess just one baby—a boy of 5. Now it is not my purpose to detail any number of the questions, etc., that this hopeful daily torments his acquaintances with, but one must be given to show how utterly helpless his neighbors are in his hands. Not long ago he accompanied a gentleman to a neighboring market. The gentleman wanted bacon and liver. He bought the bacon without being interrupted by his "kid" companion, but when it came to liver the boy wanted to know what it was and where it came from. "Why," said the gentleman, "liver is a part of a cow or calf."

"Good to eat?" asked the boy.

"Yes; that's what I'm buying it for."

"Have I got a liver?"

"Yes; don't your doctor tell you that he gives you medicine to keep your liver in order?"

"Well, if I have to take medicine to keep my liver in order," asked the boy, "how do cows keep their liver fit to eat?"

We are Pleased to announce that Dr. A. Rhu, surgeon of the C. C. C. & St. L., Erie and Hocking Valley railroads, has almost entirely recovered from an injury to his foot and ankle received some weeks ago.

The Fighting Ground of the War.—From the beginning to the end of the war, the States of Virginia, Maryland and West Virginia were the constant scene of conflict between the contending armies, and there was hardly a day during the four years, when the sound of battle could not have been heard in one or the other of them.

They are, therefore, rich in associations, and the very names of the stations as they are announced on the trains, passing through this historic region, call up memories of the terrific struggle which took place here thirty years ago. Antietam, Harper's Ferry, Manassas, Spottsylvania, Culpeper, Fairfax, Martinsburg and Appomattox rise in review as we pass; and Gettysburg, the one great battlefield on northern soil is not far distant.

It will be pleasure to the soldiers of the Union to visit these scenes. Thousands there are, no doubt, who have not done so since the war. And now, when the Grand Encampment is to be held at Washington, it will afford an opportunity to the Veterans such as they have never had, to review the numerous battlefields of this region.

In choosing a route to the Grand Encampment, care should be taken to select lines which pass over this historic ground.

From the West, the Ohio & Mississippi Railway runs Through Car Lines to Washington, in connection with the Baltimore & Ohio Road, passing through West Virginia, Maryland and Northern Virginia, with Clarksburg, Martinsburg, Antietam, Harper's Ferry and Maryland Heights on the way, and forming the direct line to Gettysburg.

Or by taking the Ohio & Mississippi Railway in connection with the Chesapeake & Ohio Route, we pass through the very heart of the Old Dominion—the scene of some of the heaviest fighting of the war.

No other routes to Washington can present so much of interest to the members of the Grand Army as these, and it should not be forgotten that from St. Louis and the West, the Ohio & Mississippi Railway is their direct and best connection.

For rates of fare, routes, times of trains, and further information, address A. J. Lytle, Gen'l Western Passenger Agent, O. & M. Ry., 105 North Broadway, St. Louis, Mo.

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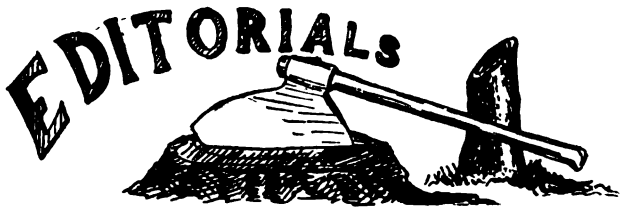

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Self-Medication.

The medical journals for the past few months have been overburdened with several plaints which, while they are true to a certain extent are incomplete in that they do not deal with the question at issue in its totality. We have been regaled times without number with lurid stories illustrative of the criminal tendencies displayed by druggists in the way of counter-prescribing. We have been surfeited with editorials and letters as well as articles recommending the physician to dispense his own medicines as a remedy for the evil which was hyperbolically represented as on the eve of threatening the existence of doctors and their means of gaining a livelihood. These and other similar devices have been freely made use of, just as the small boy does of a pumpkin and candle to make a bogie hoping that others may take this awkward semblance for a ghost. The very transparency of the device is so apparent that it becomes a matter for surprise to those who have any sense that such crude and puerile devices should have any influence upon the intelligent part of the community or of the medical profession; and the natural inference which perforce follows is that the medical profession must consist of the veriest yokels to allow themselves to be influenced by any such crude devices.

If we may be permitted to give a retrospective glance we would like to indulge in it. At one time counter-prescribing was a common thing. The physicians, naturally, objected to such measures and as a result of this protest the druggists found it profitable to curb ambition in this respect. This repression, however, did not seem to satisfy some and the question of dispensing their own medicines was agitated by the medical profession. To any fair-minded person this would certainly appear like a direct reflection upon the pharmaceutist. It would appear like a very poor return for an effort to do right, to turn about and endeavor to diminish the legitimate income of an individual engaged in a legitimate business. Let the shoemaker stick to his last is a piece of advice that should certainly be closely followed by every one and a physician is certainly in very poor business when he endeavors to act as a dispenser of medicines in the very face of one who is qualified to do so and who is entitled to earn a livelihood by the exercise of his profession.

The most absurd feature in connection with the whole question is the fact that physicians are continually working themselves harm and are unreasonable enough to impute this to the innocent druggist. The facts in the case are about as follows: A patient applies to a doctor for the treatment of some ordinary disorder. After a more or less thorough examination the doctor goes to work to explain the diagnosis, etiology, and pathology of the disorder. He then dilates upon its therapeutics, expatiating upon the peculiar advantages of his treatment explaining how rational his treatment is, the advantages accruing from the remedies he orders and, in every conceivable way, endeavoring to demonstrate how great a practical therapeutist he happens to be. Of course, none of this is lost upon the patient. He imbibes every word that is so kindly vouchsafed to him with the intention of profiting thereby in the future. In the words of the immortal Spoopendike all that the doctor needs is a time table of lectures and a few dry bones and a row and he could easily pass himself off for a "measly" medical college.

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What is sure to result from this uncalled for teaching

is very aptly put by the *Healthy Home* which says: "If a man follows a certain line of treatment with satisfactory results to his own constitution, he is very likely to recommend the same thing to his friend. The friend's case may be entirely different, and the treatment which helped one will harm the other. Herein lies the great danger of indiscriminate prescribing. Even when the symptoms are the same, the difference in age, constitution and habits may be so great that a successful prescription for one would work great harm to the other." The great complaint made by doctors is that druggists are not sufficiently trained in medicine to prescribe rationally for patients, but they stultify themselves by inducing patients to believe that they know all about it and that they are competent to prescribe for ailments frequently of the most serious character. We recently read in the *Medical Progress:* "There is probably no more idle thing than that of a physician telling the patient he is prescribing for the names of the drugs he is employing in the treatment of his disease. We insist that this is idle because the patient ordinarily knows nothing of the nature of medicines, and might be led to prescribe the drugs with which he has thus become acquainted in what he believes to be an exactly like case. Often patients prescribe aconite, digitalis and other dangerous drugs without knowing their power or their indications. This may cause, as it has often done, death."

There is no exaggeration in this. We have had occasion, time and again, of seeing people go to a drug store and apply in the most nonchalant manner for drugs of the most poisonous character. The ease displayed by such applicants was of the most astounding character. When questioned as to the use of the deadly preparations demanded, the answers returned would cause an experienced therapeutist's hair to stand on end. These are the people who, when questioned before a coroner's jury, will state that they "thought" something or other because Doctor Blank told them something which induced them to think that they were fully qualified to act as medical advisors. Had that doctor attended strictly to his business a fatal issue might have been averted, but his overweening vanity induced him to "talk" and the lethal consequences of such twaddle become apparent when it is too late to avert the disaster.

The most common consequence of the ill-advised familiarity of the physician to which we have alluded is self-prescribing. A patient, as stated above, is told what is prescribed for him for a certain disorder. This valuable information is treasured carefully and when the patient imagines himself attacked in the same manner he confidently steps to a druggist and demands the remedy which he has learnt is so potent in alleviating his disorder. He does not stop there. He begins to dabble in therapeutics. He reads semi-popular treatises and extends his sphere of pseudo-usefulness. He tries his hand at treating the neighbors and their children. He uses dangerous remedies with apparent impunity. The family physician perceives a diminution in his receipts and, unjustly imputes this to the meddlesome interference of the druggist, where it is his own meddle some garrulity which has caused all the trouble. If the amateur physician fails to achieve a result he is quick to say that it is Dr. Blank's method and Dr. Blank reaps the merited reward of his unpaid for and unsolicited information.

We desire to call the attention of city physicians more particularly to this, although the habit is almost as prevalent in the country of practitioners telling patients to take so many grains of this or of that. It is pernicious in that it apparently simplifies a matter which may be of a very complicated nature. We are certainly not in favor of quackery, nor of making a mystery of simple matters but we are decidedly opposed to inducing the laity to make light of those things which, from the very nature of things, it cannot understand. We are also decidedly opposed to the encouragement, even by implication, of self-prescribing. The physician is educated to treat people and it is is in no way a part of his province to induce self-medication. The druggist is the assistant of the physician whose duty it is to see that the patient receives what the former orders. The patient is simply a seeker after advice and is, in no way, entitled to parcels of knowledge imperfectly given and not at all understood.

With all our boasted advancement we are far behind the times of Hipyocrates. The sooner the medical profession appreciates certain things the more will its prestige and profit enlarge. In medicine as in poetry,

Taste not or else drink deep of the Pierian spring,
A little knowledge is a dangerous thing.

Two in a Bed is condemned by a number of authorities. Is it not going into extremes to lay down as a hard and fast rule that no two persons can habitually sleep together without loss of health—that invariably one will thrive and the other not? is a question asked by the *Popular Medical Monthly*. Yet it is a curious fact that if a young child sleeps in the same bed with an elderly person the child does not thrive, and no doubt it would be better if the custom of separate beds were more universal. According to a French authority, much of the nervousness or discomfort which people complain of when they rise in the morning is due to the fact that each does not sleep alone, and that there are electrical changes going on in the system during the night which work destructive results to those who sleep together night after night under the same bedclothes. Yet, it is an acknowledge fact that married people are more long lived than single ones.

Criticism, when indulged in should at least be guided by intelligence and be divested of the malicious inanity of innuendo. In a recent issue of the *Doctor's Weekly* the following corruscation appears: "The so-called friendly (?) criticism of the American Medical Association and its *Journal* in a recent issue of the St. Louis Medical Review was in bad taste, to say the

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least of it. Those who are able to 'read between the lines' can readily comprehend the motive which prompted the said criticism: it was intended to revive, if possible, a question that was settled a year ago." If we had an advertising agency we might have a possible motive; and if we didn't mind our own business we might possibly meddle in that of others. But, as we have no space to write "between the lines," we deny the astute author of the above to do any reading of the sort. We are publishing a journal for the profession and we propose to see that its interests are looked after. Dr. Culbertson is so well acquainted with us that we are certain that he will feel anything but grateful for the aid which his unsolicited champion imagined he was rendering. A change to solid diet, we think, would prove of benefit to the aforesaid champion (?).

Vaccination is a prophylactic measure which has been enforced by law in several European countries, and it is almost universally regarded, among civilized peoples, as one of the greatest booms conferred upon suffering mankind during the present century. In spite of this there exists a goodly number of honest, intelligent persons, who contend that vaccination is an outrage, that it is a method of transmitting disease, and that it is inefficient. They claim that the good results obtained are solely due to the hygienic precautions adopted, to isolation, etc. So numerous are these that they have formed an anti-vaccination society whose branches are very active in disseminating their views. Their arguments are very ingenious and they know how to handle statistics (what is it that cannot be proven by statistics?) and they point with pride to the cases in which individuals were successfully vaccinated and contracted small-pox, forgetting that were these not glaring exceptions to the rule, they would never hear of them. The transmission of syphilis by vaccination proves nothing but the fact that the operator was criminally negligent and, in no way, invalidates the usefulness of the measure itself.

The Pan-American Medical Congress is forging to the front. It is destined to play an important part in the medical affairs of the new world. It has been incorporated, pursuant to the action of the National Committee at St. Louis. It was there stated (*Jour. Am. Med. Ass.*) that a distinguished senator had consented to champion an appropriation bill in the senate, providing the congress was made a body corporate and politic to which an appropriation could be lawfully made. As the Washington meeting, through its attention to problems of international sanitation, will have a peculiarly popular importance, it is but proper that an appropriation should be made by the national government. The congress will need the money. Already the National Committee finds itself embarrassed for funds. The incorporation was, therefore, not only important, but imperative. This incorporation, however, does not restrict the legal existence of this congress to this country. Provisions are made for terminating the corporation as soon as the funds of the forthcoming meeting are disbursed. The congress then becomes again a mere voluntary association in the hands of the International Executive Committee. The indorporation of the congress in this country cannot, therefore, give offense to our confreres in the North and South.

Anesthetics are exciting as much interest as ever. Professor Gurlt, of Berlin, is engaged (*Brit. Med. Jour.*) in an investigation of the dangers of the different anesthetics in use, somewhat on the lines of the inquiry which is being prosecuted by the Therapeutic Committee appointed at the annual meeting of the British Medical Association at Bournemouth. He intends to prepare a report on the subject for the forthcoming meeting of the German Surgical Congress in Whitsun week. He issued an appeal to members of the Congress who have had experience in the administration of anesthetics to supply him with information on the following points: (1) the period over which observation extends; (2) what anesthetic agents (chloroform ether, mixtures of the two, etc.), and what preparations of them, have been used; (3) the sources from which they were obtained; (4) apparatus, etc., employed; (5) duration of unusually long (one hour and over) administration; (6) amount of anesthetic used per minute, or on an average for each administration, or maximum employed in unusually prolonged administrations; (7) whether previous injections of morphine have been given and if so, how many; (8) accidents in administration: (*a*) asphyxia (with details of treatment, tracheotomy, etc.); (*b*) deaths (causes, results of *post-mortem* examinations, etc.). It will be interesting to compare the results of two parallel inquiries on this important subject, as well as those formerly arrived at by different investigators.

Medical Books, like all works of a purely technical character are expensive. Mr. Walter Besant, in an article on the subject of medical literature, states that the actual amount of remuneration received by the author is mostly small, but the work is undertaken, according to the writer, partly with a view to fame, and partly perhaps for the sake of not being crowded out of the field by some other person equally fitted for the task. The monographs on special medical subjects, is the class whose unique position seems most interesting. The chief difficulty is of course that when an expensive book has been produced the circulation is extremely limited and necessarily entails loss, says the *Lancet*. A few *savants*, a few professors, and a few libraries purchase the book, and by these knowledge is disseminated in lectures, comments, reviews, and scientific articles. The reward is indirect, and is supposed to come in the form of appointments, pupils, lectureships, practices, and "legitimate notoriety, with its substantial results." Although there is a certain amount of truth in these remarks, the way in which material for the book

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is to be gathered seems to be curiously ignored. Mostly "appointments" have preceded the publication of the book and have furnished the experience, which has gradually crystallised into new theories or new aspects of the subject; indeed, unless this is the case, it is to be feared that the author has been engaged in the profitless task of endeavoring to make bricks without straw. Still, there can be no doubt that books on special medical subjects published on commission do not and cannot pay the author by their sale. Whether the "legitimate notoriety and its substantial results" are always quite as legitimate and quite as substantial as the writer of the article appears to believe may be open to doubt. The laws which govern the growth of fame and of practice are so subtle that they elude definition, and their uncertainty has to be faced by all who feel tempted to try the effects of an investment "on commission."

Digitalis Cumulation is a subject upon which much has been said and written. Careful scrutiny of the standard works upon materia medica and therapeutics throws but little definite light upon its methods of action. The modus operandi of this cumulative phenomenon is certainly far from being satifactorily elucidated, but we find the following explanation given in *Mercks Bulletin:* The working capacity of the heart is augmented, the cardiac muscle is poisoned, at the same time the relative quantity of nutrition distributed to the organ is positively diminished. But one thing can follow: degeneration of the muscular fibres constituting the ventricular walls. At first the heart's action is slowed to meet the increased demands; but soon, like every other degenerated heart, it becomes rapid and feeble in action, then irregular, or stops in diastole at some slight exertion. If the drug be administered in homeopathic doses, no perceptible deterioration of the heart will be apparent. But when a thoroughly reliable preparation of digitalis is used and the drug is exhibited continuously up to the full physiological limit, the heart muscle is invariable damaged;—thus explaining the oft-repeated remark that digitalis proves unsatisfactory in permanently alleviating cardiac affections.

The Proper Sphere of Surgery is thus commented on by Dr. J. McFaddon Gaston (*Southern Med. Rec.*): While operative measures upon any part of the organism come within the legitimate field of surgery, there are pre-requisites in the recognition of the condi tions warranting an operation, and in the preparation of the patient for undergoing it, which should characterize the true surgeon. Thus it may turn out that one who is habil, and dexterous in the use of instruments, is not properly qualified for the highest achievements in surgery, from lack of precaution. The aim of the surgeon is a proper comprehension of the abnormality in all its bearings, and his end should be to afford relief with the least possible impairment of the functions of the part involved. Meddlesome surgery is the outgrowth of ignorance and inexperience, while masterly inactivity may result from over-caution against doing harm; but the properly qualified surgeon will consider every phase of the case, and assume the responsibility of action or inaction regardless of the criticism of others. Surgical pathology should not be limited to the macroscopic observation of the changes incident to inflammatory processes, but should include those modifications impressed upon the tissues by neurotic disorders, whether resulting in impairment or undue activity. Surgical diagnosis should not be confined to what can be seen and felt, nor should surgical practice be circumscribed by the sphere of the knife or the ligature.

Whip-Lash Wound Simulating Bullet-Wound.—The following interesting case is reported by Dr. Francis C. Martin, (*Bost. Med. and Surg. Jour.*): I have had a case recently, which is certainly an amusing curiosity. A wagon-driver presented himself, with an enormously swollen under lip, and the following history: Late in the evening, he was driving through Dover street, past a dense crowd of people. He struck his horse with the whip, and, at the same instant, there was a sharp report, and he felt a stinging pain in the chin. He found a wound in the lower part of the chin, and another smaller one inside the mouth at the base of the lower lip. The next morning the whole lip was much swollen.

On passing a probe inwardly, from the outside of the face, I found a passage through into the mouth at the smaller wound. The probe rubbed against some hard substance *in transitu.* All the appearances indicated a severe bullet-wound. On making a free incision from the inside wound, I cut down on the foreign body, and with bullet forceps removed a black mass, about as large round as a lead pencil, and over half an inch long. I at once exclaimed, "You were shot from the crowd!" On dropping the object, however, from the forceps, into a basin water, it went rather slowly to the bottom without any "thud." I then examined it carefully, and found it was a piece of whip itself.

I have often seen the power of the long snake whips of the freighters in Montana, in taking out the skin in minute pieces from any part of a mule, with unerring accuracy, but never heard of any such catastrophe as the one I have described.

Washing the Hands.—For washing the hands previous to making vaginal examinations Prof. Parvin uses and very strongly recommends sapo viridis and sand. The sapo viridis gives a good lather, and the sand by mechanical action leaves the skin of the hands soft and in excellent condition for examination. This method is in general use in Germany, and since its introduction midwives have been required to wash their hands in this manner, and the mortality in obstetrical practice has been considerably reduced.

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Hygroscopic Character of Camphor and Thymol.—In the course of a physiological investigation of the irritability of a fungus, Professor Errera, (*Med. and Surg. Rep.*), was led to the conclusion that camphor posesses a considerable hygroscopic capacity, which is not shared by thymol. Accurate experiments by Herr Clautriau have substantiated this opinion, and show that whereas 40 grams of camphor will absorb 0.054 gm. of water from air saturated with aqueous vapor at 16° C., thymol does not perceptibly increase in weight under the same condition. The absorption of water by camphor must be purely a physical phenomenon, since the condensed moisture is readily removed even under the influence of anhydrous camphor. The dry substance, although it attracts a comparatively small quantity of water, does so with such energy that its weight increases even in air containing but little moisture.

Tox-Albumen of Diphtheria.—Drs. Wm. H. Welch and Simon Flexner, have been investigating the changes produced in tissues by experimental diphtheria, (*Johns Hopkins Hosp. Bull.*) and conclude that it may be considered as established now that the toxic products and not the bacilli themselves invade the tissues in diphtheria. This fact would at once suggest that the general lesions (those produced at a distance from the seat of inoculation in animals, and the situation of the local process in human beings) were the effects of the soluble poison diffused through the body. Hence, it was desirable to demonstrate this assumption experimentally; and it is not unimportant to know that the lesions in the tissues produced by the bacilli and the toxic principle on the one hand, and the toxic principle alone on the other, are in perfect correspondence with each other. And, moreover, it would seem not to be superfluous to emphasize the occurence of definite focal lesions in the tissues of the body, produced by a soluble poison circulating in the blood.

Atropine Poisoning.—Mr. W. R. Curtis reports a case as follows (*Austral. Med. Gaz.*): Dinds, aged 18 months, was brought to my house at 11:30 a. m. on January 31, his mother stating that the child had drank from a two-ounce bottle containing a solution of four grains of atropia sulph. and six grains of cocaine, at about 10:15 a. m. The child was unconscious; could not be roused; pupils widely dilated; pulse slow and feeble. The parents live at Mossman's Bay, and the mother stated that on the journey in the child had been convulsed, and had screamed violently at times. I used the stomach pump, washing out the stomach with warm water several times. When this was completed the child seemed still more collapsed, and I did not think it would live an hour. At a quarter past 12, I injected subcutaneously one seventh of a grain of pilocarpine. At 12:30 the pulse had improved, and the pupils did not appear to be so fully dilated. At 1:45 p. m. the dose of pilocapine was repeated, and a little whisky and water given. After this the child began to improve. At 4 p. m. it tried to drink a little milk; did not appear to see distinctly. At 10 p. m. it was very lively and excitable. It slept little during the night, and tried to vomit occasionally; but in the morning, excepting that it was very weak, it appeared to have recovered.

Determination of Sex.—The determination, or predetermination, of sex has been exciting quite some interest of late. A note in *Lo Sperimentale*, of Florence, informs us that Dr. Serrano Montanel, of Valparaiso, read a paper before the last Chilian Medical Congress on the procreation of either sex at will. After four years' observation he had satisfied himself that we can pronounce upon the sex of an unborn fetus if we know the number of menstruations which have occurred between the preceding delivery and the present pregnancy. If between the birth of one baby and the conception of the next an even number of menstruations have taken place, the second will be of the same sex as the first; if an uneven number, of different sex. This theory assumes the identity of menstruation and ovulation, which few accept; and also that ova discharged are of alternate sexes.

Accidental Cataract Operations.—Dr. Ernest E. Sangree, contributes the following interesting cases to the *Times and Register:* Perhaps the most remarkable instance of unpremeditated but successful ophthalmic surgery, was a case, the result of which was seen at Will's Eye Hospital some years since. An old man with a well-formed cataract in one eye was attacked by a bull. The animal's horn struck the blind eye, broke open the cornea, ruptured the capsule and squeezed out the lens. He might have finished the operation by applying a bandage, had not the arrival of some farm hands induced him to retire before completing the performance. Nevertheless the wound healed kindly, and with the assistance of proper glasses the old farmer commanded good vision. Such incidents are noteworthy from their extreme rarity. This winter my attention was called to two somewhat similar instances of benefit from accidental injury. One case was that of a man of sixty, who had been completely blind in the right eye for three years before the accident. During an attack of la grippe early this winter, a violent fit of coughing resulted in dislocating upward the cataractous lens, allowing light to pass through about half the pupil Suitable glasses enabled him to read with considerable satisfaction. The other eye was completely blind at the time I saw him.

The second case was was that of a man of sixty-five, who had been quite blind in his left eye for one year, the right eye being fairly good. His accident was a blow on the upper rim of the left orbit from a falling brick. Although declaring that the eyeball itself had not also been struck, he was probably mistaken. At any rate he noticed, a few days afterwards, that a little vision was returning to his left eye. The improvement went on, the right eye at the same time growing rapidly cataractous, until at the time I saw him, two years after the accident, the right eye was entirely blind, whilst the left had moderately good vision; good enough at any rate to enable him to get about comfortably, though he could not see clearly enough to read. Ophthalmoscopic examination showed numerous striæ, doubtless shreds of the capsule, along with long floating flocculi in the vitreous, which together obscured the light rays. I failed, however, to find the lens, and was inclined to think that it might have been broken up and absorbed, though it may possibly have escaped my search.

Aseptic Catgut.—Dr. Geo. R. Fowler, states (*Doctors Weekly*) that in employing this method (boiling in alcohol under pressure) for the sterilization of catgut, he wishes to warn against attempting to combine the same with the use of chemical germicides. The addition of any of the usually employed antiseptic or disinfectant agents to the alcohol, or the placing of the gut therein, either before or after boiling in alcohol, will surely result, as he has repeatedly proven by trial, in disintegration of the gut. Those who desire to prepare their own catgut will find the following method available and valuable: The catgut is cut to lengths, folded and placed half dozen strands or more in an ordinary four-inch test-tube. This is filled with 97 per cent. alcohol to within half an inch of the top, and a wad of cotton pushed into the mouth of the tube, and over this a cork is so placed as to be upon a level with the edge of the tube where its lower end rests against the cotton. Thus prepared, the tubes are placed inverted, in a "lightning" fruit jar filled with alcohol of a percentage not lower than 95 and thoroughly boiled.

Predisposition to Alcoholism.—Dr. Edward C. Mann, says (*Va. Med. Mo.*) that state medicine should declare to the newly-married that by indulgence in alcohol they will surely transmit to their child the qualities of a brain whose temper has the flow of a predisposition to degenerate mental function. We all know, if we are scientific men, that moral feeling and will are impaired or destroyed by degeneration going on through generations, by the disorganizing effects of disease, and by direct physical injury to the brain. It is the duty of those interested in State medicine to keep constantly before the public the fact that the same effects are produced by the chemical action of alcohol, which, when taken in excess, are poisons to the brain. We should teach them, even as children, that the alcohol enters the blood, is carried by it to the brain, producing an abnormal state of its finest, latest organized, and least stable parts, ruining their moral feeling and their will, and producing the disease of inebriety, epilepsy, idiocy, and insanity; making them a burden on the State, and plunging their families in social misery.

The source of the cause of intemperance we shall find in ourselves and in our ancestral antecedents, and to suppress it we must eradicate it in ourselves and in our posterity.

Catheterization of Women.—Dr. P. F. Munde said recently, in a lecture (*Int. Jour. of Surg.*): I wish to say a word in this connection about drawing off the urine with a catheter. It used to be considered quite a feat of skill during my student days to draw off the urine under a cover. Although this is quite a trick to do, I have no doubt many catarrhs of the bladder are brought on by this feat of dexterity. In order to avoid carrying anything into the bladder which may give rise to infection, such as pus, vaginal secretion, blood, or anything that does not belong there, I always have the lips of the vulva separated, the vestibule cleaned with bichloride solution, and then carefully exposing the urethra I introduce a glass catheter. The catheter should be always kept in a mild carbolic acid solution. I have had two cases of acute cystitis brought on this winter in my private hospital through carelessness on the part of a nurse in the use of the catheter. Both patients had been operated upon by myself without the occurrence of any trouble from the operation. So I would advise you to be very careful with the use of the catheter in this respect.

Cure of Hernia.—Dr. Benjamin T. Shirwell in a paper read before the Philedelphia Co. Med. Soc. said: It is clear to my mind that the normal length of the mesentery is the preventive factor in the non-production of hernia. If not so, then no one would escape. The exigencies of life and our surrounding conditions are such that all of us at times are subjected to violent strains, giving rise to intra-abdominal pressure sufficient to rupture the internal openings, and to allow the gut to enter the canal.

If these assertions are true, then any operation which has been suggested does not prevent, but modifies. Therefore, any procedure seeking to prevent hernia by obliteration of the sac does not cure. The possibility of return exists.

What is the rational treatment? The opening of the abdomen and shortening of the mesentery. The width of the mesentery does not increase in adult life, but the length is liable to.

The opening of the abdomen and shortening of the mesentery may be objected to on the ground of possible risks. The safety of the operation of abdominal section is settled. The shortening of the mesentery offers no objections. It may be said that the blood-supply of the

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intestines may be interfered with. Careful experiments show the reverse.

The longest part of the mesentery is usually confined to about five feet of the bowel included in a space beginning at a point six feet from the duodenum. If this is above the average length it is apt to hang into the pelvis, and is, in all probability, the portion protruded. It is but reasonable to suppose it is the same loop that is recurrent in its extrusion. There would be no difficulty in locating this portion, as the hernia would be present.

The shortening is done by folding the mesentery over on itself, and holding in this position by interrupted sutures. The intestine can be delivered, folded, sutured, and then replaced, and successive portions so operated upon. This is a step that of necessity requires expertness in handling the intestine that is only got by practice. The delicacy of the mesenteric tissue is understood. The union of the attached surfaces is rapid, and having been so shortened, there is no possibility of relengthening. Experiments, operations, and post-mortems in cases which had peritonitis show persistent shortening of the mesentery, the intestines being drawn nearer the spine.

The operation can be done perfectly aseptic, obviating risks. The bowel is not injured. It is done quickly, closure is made, and the patient out of bed in a few days.

Uterine Drainage.—Dr. W. Gill Wylie says (*Ann. Gyn. and Ped.*) that to sum up: if a patient comes to you, try, if possible, to make a complete diagnosis; differentiate the cases which are complicated by disease of the tubes and ovaries from those which are not; if there is no disease of the appendages, you will be justified in using clean instruments, clean hands, and having the vagina clean, in examining the uterus with a sound. If the touch of the sound causes bleeding or pain, or if the uterus is enlarged, and remains enlarged after boroglyceride treatment and improved pelvic circulation, then divulse, scrape, drain, and make a simple application. Never use anything which is really destructive of the mucous membrane, or which will leave a scar. Recollect that the uterus is filled with glands and follicles, which are deep-seated in its tissues, so that any escharotic, any caustic, any electric current, which may cause destruction of the mucous membrane, will leave a scar, and do more harm, in the course of time, than good. Although you may cure the acute symptoms by burning out the uterine cavity, yet the after-results from stopping up the mouths of the glands and follicles will do more harm than any possible good. But if you will treat the chronically diseased uterus as you would treat a sinus, and keep up drainage, you will get satisfactory results.

Details as to the Use of Ointments.—There are perhaps few subjects in respect to which custom hangs on us (*Ex.*) with a more heavy weight than in the directions which we give to our patients as to the use of ointments. In nineteen cases out of twenty the formula is, "Take the mixture three times a day, and apply the ointment at bedtime." Now in a large number of cases the direction ought to be three times a day, at least, for the ointment also. Further, the application ought to be each time a definite inunction, occupying a few minutes for each spot, and not a mere anointing. It is astonishing what may be done in many skin diseases by appropriate ointments used in this way. To order simply an anointing on going to bed is to do little more than nothing. Nor is it much better to apply the salve on lint; what is needed is patient and repeated inunction. If the patient will take the trouble three times a day to undress before a warm fire and take his time to a patient inunction, he may in many cases dispense with the disagreeable condition of keeping the skin always greasy.

I am in the habit of employing these frequent inunctions not only in cases curable by mercurial ointments, but in those also such as psoriasis, requiring tar or chrysophanic acid. In a little girl now under treatment for psoriasis, arsenic definitely disagreed, and the spots persisted. I disused the arsenic, made the chrysophanic acid ointment stronger, and insisted upon the nurse using it by inunction three times a day. The result was that the health improved, and the spots rapidly disappeared.

Melanotic Sarcoma of Brain.—Mr. Pettitt read notes, before the Branford Medico-Chirurgical Society of the case of a man, aged 43, who had the right eye removed some months after a severe blow. On admission to hospital seven months later he was totally deaf and blind, knee-jerks gone, face paralyzed; a tetanic spasm occurred about ten days before death. On *post mortem* examination dumerous inky black growths were scattered over the surface of the brain. Dr. Major showed specimens, showing them to be melanotic sarcoma invading the membranes and extending to the cortex; he also showed the growth starting in the neighborhood of vessels. The eye was, on examination, found affected with melanotic growth.

Curious Case of Atrophy.—At a meeting of the Orleans Parish Medical Society (*N. O. Med. & Sug. Jour.*) Dr. Parham related a case he had seen in the Charity Hospital some years since. A woman had stuck a needle into her finger with a great deal of force. She afterward complained of continual pain in the finger, which was so persistent as to necessitate amputation of the member. Even this afforded only temporary relief. Later atrophy set in, and when last heard from the entire arm was much reduced in size, and her general health steadily failing. He did not wish to say the atrophy was a consequence of the injury; it seemed rather that the injury had occurred in one who was at the time developing some spinal trouble.

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A Remarkable Family.

Editor MEDICAL REVIEW.—As I have been requested "to write, anything, that might be of any benefit to the profession," I thought, that I would give the readers of the REVIEW a hard nut to crack; hoping hereby to obtain some light upon the cases.

There is a family near me, whom I have known for ten years; the man and wife are of good physique, no family taint, except about three generations back of the children, who were idiotic. The father of these children is up toward 47 years of age; is a Baptist preacher, a prominent one too, for a man who is not educated. Their first child a son, is about or over 22 years old. He is all right so far as mind and body are concerned; walked early as well as talked.

The trouble now begins. When the mother was about two or three months advanced in pregnancy, her husband brought a fine brood sow home, put her in a pen; she soon got down in her loins, and would drag about in that way. The hog kept up a squeeling most of the time which greatly annoyed the wife.

When the child was born there was nothing seemingly wrong; yet after a few months, it was plain to be seen that something was wrong with his back, as well as mind. Could cry as loud as any child.

The next one was a girl: in about two years. The mother had been in great trouble over the preceding one. Time soon proved the girl to be in the same state of mind. Four years had now past since the son was born, and he could barely walk. Though, had crawled for some time. He would crawl to the slop bucket (as we call it), and pull up to it and drink like a pig.

Soon there was another girl born, and time proved her condition to be as the preceding ones.

This all drew heavily upon the poor parents, especically the mother. As soon as she missed her menses in her fifth pregnancy, her father and mother took the three idiotic children away from their mother, for several months. The child, that was born this time was all right every way; he is now about 14 years old.

In the early months of her next pregnancy, circumstances were such, that the children all remained at home. The child was born, and proved to be the same as the other unfortunate ones. He is now 9 years old, and can't walk steady. Well, the next time she missed her menses, the children were all taken away again, the child was born in due time and is sensible, and talks like any other child.

The next two are of the idiotic type. They are capable of crying and laughing; cannot speak anything distinctly enough for any one not acquainted with them to understand. They all have a characteristic walk of those whose brain is deficient. They can hear distinctly when spoken to, even in a low tone. They know how to get away, to attend the calls of nature.

They are all idiotic in their actions. Their heads are on an average with others.

I have given you the outlines as briefly as is possible with me. I would like to know, what some of our neurologists think of the causes. It would seem from the two children that were born, after the unfortunate ones were kept away, that "*maternal impression*," might have something to do in the case. I will give further details if necessary.

Winfield, Ark., March 22, 1862. CHEVES BEVILL.

Rupture of the Amnion.

Editor MEDICAL REVIEW.—I have read quite a number of articles on the premature discharge of the "Liquor Amnii," in which the authors seem to hold to the position, that the waters are essential to the growth and vitality of the fetus.

From this view, I beg leave to enter my dissent. What is the origin of these waters, and what purpose do they serve in the economy of utero gestation? From the best sources of information we are taught that these fluids are the accumulations of fetal excretions, namely from the kidneys; and that the only purpose they subserve is a watery bath to facilitate the evolutions of the fetus in utero, to protect the cord from compression, and act as a means of dilatation of the os at the close of utero-gestation. Any one at all familiar with the various stages of labor, has learned, that a delivery is very much easier in every respect, when the membranes are intact, and do not rupture prematurely. This is a demonstration of their value as a floating, lubricating and gravitating agency.

A case in point will illustrate my views as to their non essentiality in fetal existence. A lady who had carried to maturity six children, when three months advanced with the seventh pregnancy, being now in a feeble state of health, suddenly had a gush of waters, which continued to dribble away for several days, without the slightest pain. Perfect quietude was enjoined, the recumbent posture and light regimen.

From all past experience and teaching of authors, I looked for an abortion. The affair however passed off in a few days and she resumed her ordinary duties of housekeeping.

In about a month a similar occurence took place. The same directions were followed with the same results. In three weeks a third discharge occurred: and this was repeated at intervals of from three to four weeks up to the seventh month of gestation, when despite all precautions, labor ensued, which resulted in a safe delivery of a living, healthy child. The mother and child lived and did well, the child grew and became one of the most active and intellectual of the whole

family. In an extensive practice I have met only a few cases of a similar nature. but none as clearly defined and of extended duration. I think this case settles the agency of the "Liquor Amnii."

Danville, Ky. J. M. Meyer, M. D., A. M.

Cincinnati Letter.

Editor Medical Review.—The Medical Societies and the profession in general seem to have resolved to religiously observe the lenten lesson and in consequence of the zeal of the profession to do well what it undertakes, news are scarce. This is no doubt due in part to the commencement season at the various colleges. The three years course has become a law the present year, and the result is that the classes have been greatly reduced in number. The Ohio Medical College which graduated a class of ninety, last year, will only have a class of thirty-five this session, while the class at the Miami medical is cut to twenty members, and the class of '92 of the Cincinnati College of Medicine and Surgery numbered only twenty-nine. While the numbers of the graduates have been reduced, the standing of the members have been the highest attained for years, and in point of general excellence the highest in the history of the colleges.

The members of the medical professions in this city, are at present keeping their attention fixed on the State Legislature. A bill was introduced some four weeks ago by Dr. Sterrett, a member of the Legislature, to regulate the practice of medicine, and elevate the profession, by requiring all M. D's. in the State, to have filed with a State Board of Examiners, a diploma, from a reputable medical college, or to pass a satisfactory examination before the State Board, and the diploma to be placed on record in the office of the Clerk of Courts in each county in the State in which the practitioner resided. By a combination of the newspapers who reap a rich reward from the advertisements of the quacks, politicians, and last but not least of all, the druggists, the bill was defeated. The mistake was soon realized by many members of the Legislature, and they have asked to have another bill introduced. A bill has been prepared, which is in substance the same as the former bill. It provides that each diploma shall be presented to a Board of State Examiners to be appointed by the Governor, who shall examine the diploma, and issue a certificate that the diploma has been issued by a reputable college, and that the holder is morally and intellectually capable of practicing medicine. The charge for the certificate is $5. Each diploma must be recorded with the county clerk in the county in which the doctor practices. Persons who have not a diploma, but are qualified, and pass a satisfactory examination before the State Board, will receive a certificate to practice in the State. The fee for this certificate is $20. A special examination for the practice of midwifrey alone a free of $5 is charged. The local societies of this city have approved the bill, and it will probably be introduced the latter part of the coming week. Its pasage is very uncertain.

The fifty-seventh commencement exercises of the Cincinnati College of Medicine and Surgury took place at the Scottish Rite Cathedral. The class of '92 was composed of twenty-nine members, one of the members being a native of Bulgaria, Europe, and another of Germany. The faculty address was delivered by Prof. Chas. A. L. Reed, and Dr. W. W. Waggener was the class valedictorian. The prizes were awarded as follows: Faculty prize, gold medal, Joseph Brown, of this city; second prize, gold medal, Richard C. Hill, of Peoria, Ills.; third prize, gold medal, Thomas Carl Henry; Chemistry prize, A. B. Barker, city; special prize on adulterations, A. W. Carter, Roseville, Ohio.

The third annual dinner of the Cincinnati Academy of Medicine at the Burnet House, was one of the most delightful social gatherings of the new year. The reception was held in parlor A., and the banquet was served in the ordinary. The table was arranged in the shape of an U., and was literally one immense piece of choicest cut flowers. The menu was correspondingly grand. Dr. Thad. A. Reamy presided as toastmoster, and the following were the responses: "The Past," Dr. Giles S. Mitchell; "the Future," Dr. Geo. A. Fackler; "the Physician," Dr. James T. Whittaker; "the Surgeon," Dr. P. S. Conner; "the Patient," Dr. Louis Schwab; "the trained nurse," Dr. J. M. Withrow; "the Druggist," Dr. David DeBeck; "the Dead," (in silence) owing to the absence of Dr. A. E. Richardson; Dr. Chas. A. L. Reed responded to the one voluntary toast. There were a large number of the members present, and it was a very delightful gathering.

The weekly report of Health Officer Pendergsast, issued to-day gives deaths, 137; No. cases contagious diseaos 110, deaths from same 14; nuisances reported 841; nuisances abated 860; diaries reported in good condition. The pay roll of the health department was $3,000.

The committee on Entertainment is busy with the preparations for the annual meeting of the State Medical Association, which meets here in May.

The annual commencement exercises of the Miami Medical College will take place Friday evening, April 1st, and the Ohio Medical College Thursday evening, April 7th.

The semi-annual meeting of the South-Western Ohio Medical Association will be held April 7th and 8th.

Con. W. Gatch, M. D.

San Francisco Letter.

Editor Medical Review.—The list of victims of the bichloride of gold treatment seems to be rolling up from all parts of the country. The latest in California is Wilbur Lee, of El Monte. This young man was *cured* in Dwight and graduated in January of this year. Since his return his friends have noticed a marked change in him; from being bright, brilliant, ver-

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satile, he became moody, morose, irritable; would sit for hours staring into the vistas of the unknown. He said his memory was gone and life a blank. He was certainly cured of his thirst for alcohol together with his thirst for everything mundane. Two weeks ago he wandered away from home and has not since been heard of.

The general health of the city is very good; the death rate last week being lower than the corresponding week for over ten years; the State health also reported improving for the half of March.

City and County Hospital.—There have been two cases of suicide at the above institution during the last week, both women. One took a draught from the ward bottle of solution of bichloride of mercury, the other took morphine, which was probably brought to her by friends. The Coroner's jury severely censured the hospital authorities and the nurses for their carelessness. The training school for nurses does not seem to be the unmixed blessing that was fondly hoped, daily squabbles occurring between the house physicians and the nurses. The heads of the school have a "pull" and run things without any regard to the house staff. Dr. McLean made an operation yesterday for the removal of a carcinoma of the face and jaw. The patient during the past year has been under the care of a Mrs. C., a cancer —— in this city, but the tumor steadily increased. It was found necessary to remove the alveolar process of the inferior maxilla back as far as the first molar, the parotid and submaxillary glands and nearly all the soft tissues of the face below the alæ of the nose. It was left to heal by granulation. I spoke in a previous letter of San Francesco being the Mecca for quacks. This Mrs. C., who has for the past year been humbugging this patient, ringing the changes on plasters and prayers, poultices and incantations, faith and black draughts, some three years ago was heralded all over the country as having "a sure cure" for cancer, the local papers breathing anathemas on the regular profession for not investigating her methods "because the discoverer was a woman not of their school," and if you can give it credence she so prevailed upon the board of directors of a religious organization, which is national in character, that they gave her charge of "The Home for Incurables," which she still retains.

Wanted, a Diagnosis.—After a meal of fish, three weeks ago, several members of a family were suddenly seized with severe colic and vomiting, but all recovered within a few hours excepting the eldest daughter. This patient continued retching all night, and when seen the next day was nearly comatose, a temperature of 103.5°, and abdomen, inside of thighs and back of legs covered with deep red patches, sharply bounded and varying in size from about 4 to 20 square inches, a little hard to the touch, but very slightly, if at all, raised. Minute doses of calomel and soda relieved vomiting, and on the third day a large dose purged, temperature at once falling to normal, eruption clearing off and patient coming out of slight coma. Since that time she has had two relapses in all respects similar, between the attacks feeling well enough to get up, although she has been kept in bed. A patch of eruption still remains on calf of each leg about 3x4 inches in size, but there is not a mark on any other part. I would like to add that scarlet fever has prevailed in the neighborhood, but this case has lasted three weeks without eruption on the face, chest or upper extremities, nor any desquamation. What is it?

S. J. Hunkin.

La Grippe.

Editor Medical Review.—I have been impressed and highly pleased with the changes you have made, not only in the makeup but in the character of matter in the Review; I had resolved to say as much, and probably contribute a mite for the benefit of your readers, but scarcely a number has been received but what I found all these points of interest manifestly set forth, and in a more smooth and scholarly manner than I was capable of doing. I, however, wish to say a few words in relation to our prevailing epidemic, "the grip," in our American parlance, but what was introduced to the profession of this country as "la grippe."

There can be no doubt but that this disease is contagious and dependent, in all probability, on animal poison. To many of us this disease is new and of recent origin. I confess that I so understood it until I began to investigate, when I found it a part of the great family of disorders that have followed man all through the centuries. Hippocrates evidently wrote of this malady in his TO THEON referred to by Galen in his De Prognost, vol. I. Hippocrates evidently believed it to have been a visitation of the wrath of the Almighty upon offending man and not some latent physical principle of the atmosphere as some philosophers believe. He (H.) is quoted as follows: "Non enim quecunque causas habent incognitas et abditas Divina vocamus," and then with an admirable humility he adds: "Sed ubi admirabilia vidiutu duntaxat."

It may be possible that it was this terrible plague that fell upon the host of Sennacherib when he determined to annihilate the people of God, when, as Byron informs us—

"The Assyrian came down like the wolf on the fold,
And his cohorts were gleaming in purple and gold.
* * * * * *
Like the leaves of the forest when Summer is green,
That host with their banners at sunset were seen;
Like the leaves of the forest when Autumn hath blown,
That host on the morrow lay withered and strown."

But we must not further moralise. I find upon investigation that this disease is of very ancient origin. Distinct traces of it are found in the records of medicine during the time embraced between the fifteenth and and present centuries, notably in the years—1510, 1557, 1580, 1587, 1591, 1675, 1709, 1722-3, 1743, 1762, 1767,

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1775, 1781 and 1782. It was during our Revolution that the ship-load of sheep that the English attempted to transport over here alive, to feed their armies, all perished with the "epizoot," and as some of our sturdy New England grandsires looked upon as a special visitation of Providence.

The course of all these epidemics have been from the north and northeast to the westward and have never stopped until they have encircled the globe.

The symptoms from its earliest history have been sui generis, and have been marked by decided neurotic sequelæ. Hence the ancients classed it as a dual disorder—as affecting both body and soul as, no doubt, insanity often followed an attack as well as all the lesser nervous disturbances. It is not necessary to go into details as to the symptoms as we all well know, who have had any experience in the malady, that both body and mind alike suffer.

As to the treatment, we might say that it is varied. In fact, so much so as the characters of the prescribers vary.

I will give you the treatment of a century ago. It was in this disease that our fathers ascertained that there was a limit to the lancet, and that in this particular complaint great caution was to be used as "the debility" which ensued was often fatal. It was only advised in severe pleuritic pains. Quiet, with diluent drinks, the patients to be put to bed and an additional blanket placed over them and a gentle perspiration induced. The bowels were to be kept free from confinement, but no active purgative. Small doses of ipecac, squills and gum opii were administered to relieve cough and bronchial congestion. The after debility was to be relieved by bitter barks, gentle exercise and liberal diet. The nervous cough, which often remained, was to be relieved by the resinous balsams, camphor, henbane, hyoscianus, used by inhaling the hot steam from those ingredients, and also a potion to be taken at bedtime.

Upon review of above plan of treatment we do not see how we can well improve upon it.

I will briefly summarise my own plan which consists, in the first place, of having the patient go to bed, relieve the bowels, if need be, by clysters of warm water and at the onset applying bottles of hot water to the feet and using a blanket next the patient instead of cold starched sheets of linen or cotton. A spray of hyd. cocaine, gr. x; antipyrin, gr. xx; water, q.s. to make ℥ij, to be used up the nose and in the throat either as a spray or direct application.

Acetanilide and Dover's powder, aa. gr. v, to be taken every two to four hours, and as the disease begins to wear away and the strength fails tonic and stronger food is given.

In the beginning I never use solid food. Broths strong in nitrogenous elements are freely given. As a tonic, where a decided neurotic tendency prevails, use strychnine, gentian, hyd. cocaine and the Port wines. This together with rest absolute abandonment of all business, remaining indoors, constitutes the care and treatment adopted by me during this epidemic.

Sedalia, Mo. JNO. W. TRADER, M D.

La Grippe, A Disease of the Nervous System.

Editor MEDICAL REVIEW.—During the present winter the epidemic has presented so many so called varieties of the disease, caused by local complications such as laryngitis, bronchitis, gastritis, meningitis both cerebral and spinal, pneumonia, and other phenomena, that I began to study to find an explanation that might prove plausible, to account for all these local disturbances and not conflict with the primary cause.

According to the laity, "Grip" settles in the weakest "spot," therefore in a large number of cases there is not a conceivable organ or tissue that may not be the recipient of the affection. This fact has led them to look upon the disease almost with superstition.

They inquire of the profession "why does Grip" affect persons so differently?

The investigation that I have made, prompted by the above interrogation, has led me to believe that the germ, parasite, or ozone, in the atmosphere—the primary cause whatever it may be—first effects the central nervous system. Both the brain and spinal cord are affected. Hence, the premonitory symptoms of headache, pain in back, chills and fever, that are nearly always present.

The local complications are due to paresis partial or complete, of the peripheral nerve endings in the different organs and tissues, causing vaso-motor patalysis. Dilatation of the blood-vessels, especially the small arteries is the result, and the parts are engorged with blood, which engorgement produces, first irritation, then inflammation. Example, pneumonia.

This principle will apply to all local inflammations, and you have in the application of it an easy and intelligent solution to the perplexing questions that arise in treating the disease.

Should the vaso-motor paralysis be extensive enough to involve the heart, death is the result. The neurotic phase has its explanation in the involvement of the respiratory center in base of brain. The want of oxygen in the system produces dizziness, mental depression, debility, lassitude and dyspnea, which conditions are often present, and out of all proportion to the local lesion if any exist.

The treatment of cases should vary according to local lesions present.

But the primary object should be to allay nervous irritation, stimulate respiration, and protect the heart.

Treating the disease on this principle has given me better results than any other; and in my opinion the sooner the expectant plan is discarded, and a preventive one adopted, the better our patrons will be served.

Huntington, Ind. H. M. BEAVER, M. D.

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A Peculiar Condition.

Editor MEDICAL REVIEW.—A short time ago my wife complained of a noise in one of her ears, which gave her much annoyance. She compared it to the note of a young turkey, clean and distinct. It was worse, or noticed more, at night immediately on retiring. She said to me one night that it seemed I ought to be able to hear it, as it was so plainly heard by her. As an experiment I placed my ear firmly over hers, and at once heard the little turkey's cry. At another time I was able to hear it with my ear six inches distant from hers. The note was as clear as a bird's whistle, and came with the pulsation of the heart, but was not constant, being about one third of the beats. By slight pressure over the carotid on the side corresponding to the affected ear, the sound would cease, but pressure on the opposite side did not affect it. A few doses of postassium bromide caused it to disappear. My wife is in the best of health, save a post nasal catarrh.

Dr. Enos, a prominent eye and ear specialist, of this city, to whom I mentioned the case, had met with a similar condition. In his case the sound could be heard a distance of two or three feet from the patient. He explained it as being due to the engorgement or over-distension of the tympanic arterial supply causing in some way vibration of the membrane. The effect from pressure on the carotid, as well as that from the bromide is corroborative of his opinion.

Denver, Colo. J. K. M.

Anencephalic Accompanied with Entire Absence of the Madulla Oblongata and Spinal Cord.

Editor MEDICAL REVIEW.—I will report a case which is of exceptional occurrence. One case similar to this is recorded by Tidy, of London, Eng., in his work on jurisprudence. I was called April 18, 1883, to attend Mrs. C., in confinement. She thought she was but seven months' pregnant, but for the last two or three days she had not felt the movements of the fetus. Upon vaginal examination the os was well dilated. The presenting part was hard, like bone, which was very irregular and rough at the edges and projected towards the center. I was at a loss as to the presenting part, but as it formed no obstruction the labor progressed rapidly and was over in a short time. The anomaly came in that the fetus which was anencephalic was accompanied with that of an entire absence of medulla oblongata and spinal cord. A female child of about 4½ pounds; viewed in front, its body and limbs were perfectly developed; it apparently had no neck for the head seemed to set upon the shoulders and was drawn backward; the face up to the eyes where the head seemed to be cut off above the orbits and as the head was drawn back the eyes were the highest and most prominent part of the face and head; the sides of the head sloped down to the shoulder points, and the ears were rather large and set about midway from the top to the shoulders, projecting out rather prominently.

A side view was about the same as that of the front, in general characteristics. From behind, it showed the greatest variation.

The upper part of the cranium was entirely absent. irregularities of the base of the skull were seen with a projection of about an inch and in places much less, upward around the base, of rough bony parts. In the center of the base was the remains of a small sack, which had been ruptured during the digital examinations. It had been filled with a sero sanguineous fluid, probably not more than two or three ounces. The opening in the skull extended down the spinal canal as far as the sacrum. The spinous processes and the laminæ of the vertebræ were entirely absent, it representing more that of a groove than that of a canal. The spinal groove had the appearance of being lined with a tissue looking very much like cicatricial tissue which at the shoulders was about an inch or a little more in width though it narrowed gradually to a point at the lower end.

I could not get the consent of the parents to take the child and have pictures taken of it although I should have very much liked to have made a more thorough examination and dissection of it in part. Drs. F. Bain and D. P. Philips of the same town (Kinton, Ohio, saw the child during the next day after birth.

Taylorville, Ill. GOULD SMITH, M.D.

Trigeminal Neuralgia.

Editor MEDICAL REVIEW.—Having read Dr. Kelly's report of an obstinate case of trigeminal neuralgia, I decided to select a similar case of that terrible disease from my note-book and present it to the profession.

Mrs. L. had been suffering for more than two years with excruciating pains in the region of the trigeminus, due, no doubt, to large doses of calomel which she had been taking previous to the appearance of the pains.

She would have three, sometimes, four attacks during a year, the individual attacks lasting on an average from twelve to fourteen days.

On examination I found pain and tenderness along the distribution of the trigeminus. There was a blue line on the teeth characteristic of mercurialism. The gums were tender, bleeding on the slightest touch.

I prescribed large doses of quinine, salicylic acid and various other remedies without any effect. I tried hypodermic injections of morphia and atropia, single and combined, but these failed.

As a last resource I prescribed Fowler's solution in three drop-doses four times a day, adding one drop to each dose every fifth day. The patient was told to take the medicine until its constitutional action was manifested by the puffed appearance of the eyelids.

The petient has not had an attack since she began using Fowler's solution eighteen months ago. I have tested the medicine in several similar cases, and I believe it is worthy a trial.

Cedar Hill, Mo. J. E. TARBITZKY, M.D.

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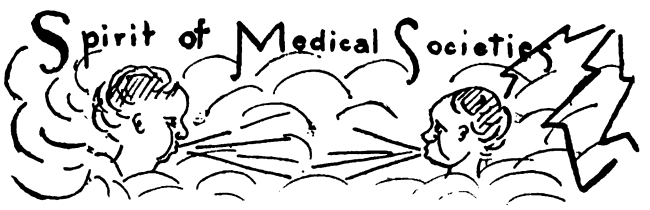

St. Louis Medical Society.

A stated meetiug of the St. Louis Medical Society occurred on Saturday night, April 2, President Walter Coles, in the chair.

There were no reports from committees or applica tions for membership.

Dr. Hurt, as treasurer, made a partial report showing the amount of funds on hand to be $240.

Under the head of Extraordinary business, Dr. Bransford Lewis requested that there be a new catalogue of the Society printed—the last catalogue having been issued three years ago—as quite a number of new members had been admitted in the meantime, and new procedures introduced.

Dr. McIntyre thought the new catalogue should contain a fee-bill, covering the general cases.

Dr. A. D. Williams thought the insertion of a fee-bill unnecessary, as it carried no legal power and was, as a rule, looked down upon by the laity.

Dr. Broome thought a fee-bill should be inserted, that, although, one was not compelled to follow it implicitly, yet it made a general standard, and one to which reference could be made in case of necessity.

President Coles appointed the following members on the Revisory Board: Drs. Lewis, McIntyre and Dorsett.

Enlarged Prostate.—Dr. Bransford Lewis next presented a case of enlarged prostate. The patient had been operated upon by the supra-pubic method, and the removal of a mass, the size of a walnut, was occomplished. The reparatory process was slow and it was found necessary to introduce a second drainage tube. He also exhibited three specimens of enlargement of the middle lobe of the prostate gland.

Dr. Prewitt said that the enlargement of the third lobe of the prostate need not necessarily be excessive. Even a small enlargement might cause retention and cystitis with concomitant troubles. The question as to whether the kidneys were involved should play a considerable part in regard to the justifiability of operating. He reported a number of instructive cases he had seen and operated upon.

Dr. Meisenbach reported four cases in which he had used operative procedures and in all of them had found the enlargement very slight. In fact, that, unless the growth was very rapid, the symptoms would become imperative ere the growth had progressed to any great extent. Operative procedures were necessary; catheterization was simply palliative.

Dr. Henry H. Summa when called upon in regard to his last week's article said he had nothing to add.

Flat-Foot.—At a meeting of the West London Medical-Chirurgical Society (*Brit. Med. Jour.*) Mr. Keetley exhibited two sisters treated for severe form of flat-foot by wrenching and manipulation under anesthesia and subsequent fixation. Mr. Keetley also brought forward four cases of sutured patella. Two cases were still in hospital but the other two men showed complete power in the limbs and movement of the joint up to a right angle; the operations dating less than two months previously. All the cases healed by primary union without rise of temperature. Mr. Keetley always washed out the joint with hot sublimate solution—1 in 4,000. He showed a solid nickle-plated bradawl with a long blade, and a director of diameter a size less than the bradawl. They were easily aseptic ised and exclusively used for this operation. He used only one silver suture, except in old cases where early passive movements might be required, and closed the wound. Mr. Keetley likewise showed an apparatus for exercising and stretching the quadriceps without straining either the bond of union or the ligamentum patellæ.

How to Raise Sunken Noses.—Dr. R. F. Weir presented to the Practitioners' Society of New York, (*Med. Rec.*) two patients illustrating rare surgical procedures. The first was a young lady whose nose had sunken from absence of the septum. By making an incision underneath the lip and skin he was enable to introduce a platinum bridge, which held up the skin while its feet rested on each side of the nasal aperture. Morton had had cases in which the bridge had remained in four years, while in this patient the operation was performed five or six weeks ago. It had been satisfactory in holding up the nose, and had caused no unseemly scarring which other operations involved.

A Case of Myxedema of Syphilitic Origin.—At a meeting of the Association of Surgeons of Berlin, Kœhler reported a case of myxedema in a woman fifty years of age, who likewise presented manifestations of syphilis (*Med. News.*). Anti-syphilitic treatment was followed by the disappearance of the specific symptoms, as well as of the myxedema. An explanation is sought in a possible syphilitic involvement of the thyroid gland.

Medical Director Gihon, of the U. S. Navy, who is a prominent member and officer of the American Medical Association, and also of the American Public Health Association, is next in line of promotion, and will, no doubt, soon be appointed Chief of the Bureau of Medicine and Surgery of the Navy Department at Washington.

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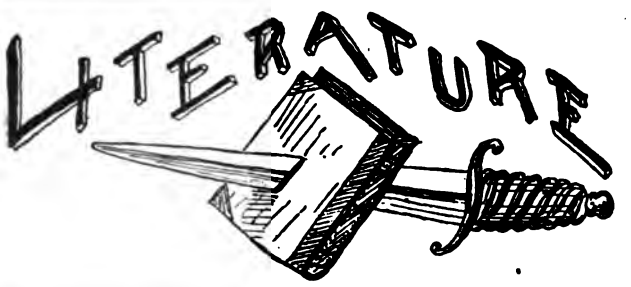

Diseases of the Throat, Nose, and Ear. A Clinical Manual for Students and Practitioners. By P. McBride, M.D., F.R.C P., Ed. 8 vo., pp. 640 With Colored Illustrations from Original Drawings. [Philadelphia: P. Blakiston, Son & Co. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price $7.00.

This is, without doubt, one of the finest medical works which has appeared this year. The author is one who has had much experience both as a clinician and as a teacher, and in the book before us he has condensed the fruits of his ripened knowledge. He very judiciously discusses the common diseases at greater length, the rarer conditions being disposed of in a terse and lucid manner. With commendable judgment questions of anatomy and physiology have been omitted as well as the usual interminable number of illustrations of instruments. The author's energies have been directed throughout to the purpose of bringing out the main and modern facts of his subjects and he has succeeded remarkably in fulfilling his aim.

While the work is one intended chiefly for the student and practitioner, it is of such a nature that the laryngologist, otologist, and rhinologist will find in it ample material of the most useful kind as well as numerous hints of the highest practical value. Our space forbids our entering into a detailed critique of this excellent manual. It is one, however, which presents to us the best fruits of the Edinburgh medical school as exemplified by one of its teachers. We can see here shown the earnest work and deep care which is so characteristic of the serious Scotchman and we do not wonder that Edinburgh is such a source of pride to every "chiel o' Scotland!"

One of the numerous features of the book are the illustrations. These are all original, and most of them were drawn by Mr. J. Bayne from patients of the author. They are handsome colored lithographs which occur as interpolations in the type, printed upon the same paper and not upon separate sheets in the form of plates. All those who have had occasion to refer to the old style plates will readily appreciate this most useful innovation, which in the present instance is of a high degree of artistic excellence.

The press-work, paper and binding are not only unexceptionable, but in the highest degree of the art preservative. Add to this the gilt top pages and our readers will readily conceive that the book presents the appearance of a veritable *edition de luxe*. We desire to add that the contents are of such a character that the most luxurious dress would not be an extravagance by any manner of means.

An excellent general index and a copious index of authors render the book still more useful for ready reference. In conclusion, we would say to those of our readers who may be interested in diseases of the nose, throat and ears, that they could do no better than obtain this work if they desire a treatise that is up to the times, complete, and lucid. To those contemplating special study of the subjects of which it treats no better introductory manual could be recommended to them.

Case of Non-Menstruation.—A case of complete non-menstruation in a healthy girl of 24, is reported by Dr. Hubbard Winslow Mitchell (*Med. Rec.*): Cases are on record where impregnation has taken place in the human female without menstruation ever having taken place, and even where the hymenal membrane was not ruptured; and cases are also on record of complete sterility where menstruation has occured regularly, and apparently in a normal manner; but in all such cases it is extremely probable that the real cause of these abnormalities can be easily detected and traced to its exact origin if a careful examination is made of each special case. It is, however, rarely indeed that we have an opportunity of seeing a young and perfectly healthy woman, normal in every function, but in whom there is a total absence of all the phenomena belonging to that special function of menstruation. In the present case this function has remained perfectly dormant from the period when puberty usually occurs to the present time.

The question may be raised, Is this young woman like others of her sex, and having sexual instints and desires? As far as is known these are entirely absent in her. The mons veneris is almost destitute of hair, and the labia are rather undeveloped. The clitoris is about normal.

A single and isolated case like the one under consideration is not sufficient to form a judgment of the effects of a total absence of menstruation, but it is extremely interesting as it shows that this peculiar function, usually considered so important and so essential to the health and well-being of an individual, may be totally wanting, and yet the woman enjoy in every other respect perfect and uninterrupted health.

A Chicken Story.—At a recent meeting of the St. Louis Medical Society, Dr. A. D. Williams told a tall chicken story. He related how a woman who had a perverted vagina introduced a hen's egg therein. Not satisfied with this feat she permitted the egg to remain in its improvised incubator. In due course of time the chick was hatched and escaped from its shell and the woman was safely delivered of it.

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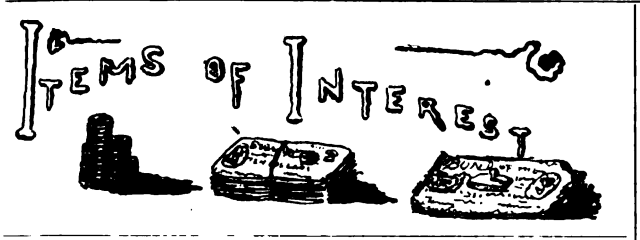

Dr. R. G. Hill, of Jasper Co., Mo., is out for the Congressional nomination in his district.

Dr. Calmettes, director of the bacteriological in stitute of Saigon, and one of Pasteur's pupils, is said to have discovered an antidote for the cobra-di-capello poison.

Dr. Von Voit, of Munich, was recently the recipient of the Liebig gold medal. This honor was conferred on him for his work in connection with the question of nourishment in man and animals.

The Pharmaceutical Review is the name of a new journal published in Baltimore, Md., monthly, under the auspices of the Maryland Colledge of Pharmacy, and is edited by Charles Gaspari, Jr.

Dont's continue to crop up in medical journals, despite the earnest protests which have been made by some members of the profession. They seem to have struck propular fancy and our advice is: don't object to them as long as they are in demand.

Dr. Fried. Immisch, the well-known Heidelberg "pauk doctor," recently died at the age of 72. He acted as attending surgeon to the students who engaged in duels. It is said that during the 40 years he officiated he was present at no less than 30,000 "mensurs."

Jack the Ripper is said to have been captured at Melbourne, Australia. His name it would appear is Deeming and he is said to suffer from satyriasis. He has made a confession, but the identity of the two individuals has not been satisfactorily established.

The Philadelphia Polyclinic is the latest arrival. The first number is a well-printed octavo of 60 pages. It is a quarterly edited by a committee of the faculty and published by the Philidelphia Polyclinic and College for Graduates in Medicine. The initial number contains several excellent articles by well-known Philadelphia physicians.

American Medical Association, Section of Medicine.—Comparatively few papers have yet been promised for this Section. The officers of the Section are nevertheless confident of a metting more than ordinary in its scientific value. Those desiring to contribute papers should at once notify the Secretary, James M. French, M.D.. 190 Baymiller St., Cincinnati, Ohio.

Dr. Zdekauer, of St. Petersburg, celebrated his fiftieth anniversary in the practice of medicine, not long since.

Dr. Pean, the distinguished French surgeon, has had the decoration of the Osmanie conferred upon him recently by the Sultan of Turkey.

Medycyna, the well-known medical journal of Warsaw (Poland) is to be edited by Dr. G. J. Dobrinski the former editor Dr. Fritsche having died recently.

Dr. Wladislaw Frankewski, an honorary member of the medical society of Charkow, celebrated his semi-centennial as a physician, the city officials joining in the festivities.

Typhus, according to the latest advices, is still producing ravages in Eastern and Southern Russia. It prevails to such adegree in Odessa, Charkow, Kasan, Saratov, Pensa, Ekaterinburg, and other large cities that they have all established special typhus-hospitals.

The Temps publishes a case of premature burial prevented by the daughter of the supposed dead man, who on kissing her father perceived that his body was not cold. The funeral cortege was on the point of starting. Suitable measures restored the man to consciousness, and he opened his eyes and uttered one or two words. His condition is serious, but he is alive. This incident occurred at Vagueray, near Lyons.

St. Barnabas Hospital of Minneapolis.—The aboved named hospital is reported by an exchange to have won an important decision, in the Supreme Court of Minnesota, whereby property worth $400,000 will be handed over to it. St. Luke's Hospital of New York City was an alternative legatee in this case in the event that the Minneapolis institution could not conform to certain requirements. The Court held that these requirements had been met satisfactorily, and the munificent bequest should go to the Western institution.

Sixty Years in Practice.—Dr. Edwin N. Colt, of Brooklyn, was given a banquet and a gold-headed cane on the sixtieth memorial year of his settlement in that city (*Jour. Am. Med. Ass'n*). Being a man held in great esteem in the community, which he has seen grow up from the conditions of a village to those of a tenement district, there were representatives of every calling at the feast given to his honor. The mayor of the city participated, and members of the clergy and the press responded to toasts which made the ministers "doctors of the heart," and journalists "doctors of the circulation." Dr. Colt was born in Hinsdale, Massachusetts, in 1811; graduated at the old Berkshire Medical College, no longer extant, on the year of his coming of age, and within the same year established himself in Brooklyn.

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A Hospital for the Poor is to be constructed at Bethlehem by Imperial irade.

The Surgeon who wishes to be aseptic is allowed to have nails one millimetre (0.001) long.

More Light! is the cry of a contributor to one of our homeopathic exchanges. We think so, too!

We Regret to announce that the distinguished gynecologist, Prof. Carl Crede, of Leipzig, died on March 14th, aged 72.

Dr. Wm. Welch, age 35, and single, living ten miles northeast of Springfield, Mo., committed suicide recently by taking morphine.

The Military Surgeons, of Turkey, have been ordered to treat army officers and their families gratuitously, instead of neglecting them as they have been doing.

To Dissolve Cocaine.—Squibb recommends the use of a half of one per cent solution of boric acid to dissolve cocaine, this amount being needed to prevent decomposition.

Another Medical Bill, practically the same as the previous one, has been introduced into the Legisla ture, and the promises of success are much better than were they previously.

English.—When a lady, the other day, asked for a box of "Bronchitis truncheons," the chemist, discovering the customer was a policeman's wife, at once sup plied bronchial troches.

The Emperor of Austria has conferred on his physician in ordinary (Professor von Widerhofer) the Cross of Commander, and on Dr. Emil Rollet the Cross of Knight, of the Francis Joseph Order.

A Girl Baby was born at Carthage, Mo., that was eight inches long and weighed 8 ounces at birth. It was not of a pair of twins either, but was said to be healthy and strong and had good use of its tongue.

Dr. W. W. Finley, formerly of St. Louis, Mo., died on the Glen Neville farm at Huntington, Mo., on Monday. He retired from a lucrative practice four years ago and went into the business of breeding trotting horses.

Tincture Iron as affecting the teeth is said to be entirely obviated by using glycerin with it. This, however, does not seem to be entirely reasonable, as the cause, namely, the acid which attacks the enamel, and the peculiarly mordant action of iron are not remedied by any change or reaction between the tincture of iron and the glycerin when mixed together.

Michael Smith, of Dubuque, Iowa, his wife and eight children were poisoned by eating beef affected with lumpy jaw. The mother and one boy are still very sick and may die, but the others are out of danger.

The Iowa Medical and Surgical Reporter is the title of a monthly which has just made its appearance. It is published at Des Moines, Iowa, by Dr. John W. Oberton who also acts as editor. The journal is an octavo monthly.

The Latest.—On dit the microbe of insanity has been discovered and successfully propagated in "food media." The discoverer proposes to inoculate a certain class of society young ladies and gents for imbecility. According to the *Texas Sanitarian* it is a good idea.

The Trial of Drs. McAdams and Boyes of Morris, Ill., ended March 25 last. Dr. McAdams was sentenced to five years in the Penitentiary and Boyes was acquitted. They were arrested for robbing the Gardner Bank on November 20. It is thought that this breaks up a dangerous gang, who have been operating in Northern Illinois for months.

Small-Pox is Prevailing in Tokyo, Japan, and in other parts of the Empire as shown elswhere, especially among those above 30 years of age. It is said such prevalence among adults must be due to the negligence of vaccination. During the month of January 1237 persons were attacked with small-pox and of that number 226 died, 276 recovered and 735 are still under treatment. It was so rapidly spreading, that the policeman were all ordered to be vaccinated.

New York City maintains a farm for its pauper insane. It contains one thousand acres, and was purchased as an experiment during Mayor Edson's administration, for thirty thousand dollars. Four hundred patients, all men, ranging in age from thirty five to seventy years, now dwell on the premises and are housed in nine one-story pavilions. They work the farm, and conduct a shoe shop, laundry, and blacksmith's shop in addition. It is thought the institution will be self-sustaining in another year.

The Alumni Association recently organized by graduates of the medical department of Harvard University have commemorated the event by holding a banque Dr. Oliver Wendell Holmes was one of the invited guests, and the following quotation is from his letter of regret: "I know that the members regard me as a relic of the past—not without a certain value as a fragment of antiquity. In that point of view I am not merely a rarity, I am a unique especimen, and have an adventitious market-pice, like one of those rare cents for which collectors pay a premium. Half-worn-out old copper as it is, its scarcity makes it worth a dime or perhaps a dollar."

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Reports received by us point to a very large and successful meeting of the American Medical Association in Detroit.

Dr. W. N. Brennan was confirmed as Health Commissioner of St. Louis, last week, and has entered upon the performance of his duties.

M. Maurel, interne of the Paris hospitals, has been commissioned by the French Goverment to study the organisation of the teaching of rhinology and otology in Germany and Austria-Hungary.

As the Hospital for Infectious Diseases at Honjo, Japan, became filled with small-pox patients by January 26th, another infectious hospital at Komagome, was opened and 12 small-pox patients were admitted on the same day.

Thirty Years Ago Great Britain derived from patent medicine a revenue of $210,000. The same tax now yields $98,500,000 a year. All this increase is at the expense of the gulled public; the honest apothecary and the doctor being large losers.

Six boys at a Birth.—Mrs. C. K. Smith, wife of a white laborer living on a farm near Holly Springs, Miss., has given birth to six babies, all boys, well developed and weighing in the aggregate forty five pounds. The mother and babies are doing well. They have been named: Lee, Jackson, Van Dorn, Grant, Sherman and Buell.

In Tochiki-Ken, Japan, the local assemblage has unanimously passed a bill, appropriating 4996 yen, to be used for prevention of small-pox, principally for public vaccination. The governor sent out a proclamation that all persons under forty years of age should be vaccinated and when the vaccination did not take, it should be repeated.

Physicians for Jewish Colonies.—An advertisement appears in the German journals, says an exchange, asking for volunteers among Jewish physicians to take charge of medical affairs in the Jewish colonies which have been established in South America. Applicants must sign a contract for three years' service, they must speak German and have had hospital service. Those who can speak the Russian-Polish dialect are preferred.

It is Proposed to establish a German Otological Society, and a meeting for the purpose will be held at Frankfort-on-Main in Easter week. After the formal constitution of the new society, papers will be read, preparations exhibited, and the usual business of a scientific gathering gone through. The conveners of the meeting are Professors Lucae, of Berlin; Burkner, of Gottingen; Kessel, of Jena; Kuhn, of Strassburg; Moos, of Heidelberg; and Walb, of Bonn.

Dr. Kanehiro Takaki, surgeon-general of the Japanese Navy, was recently promoted to Shoshii. (The fourth rank of honor.)

The Citizens of Owensboro, Ky., are alarmed over the development of a case of spotted fever in that city, and every thing is being done to prevent the spread of the dreaded malady.

A Quack in the village of Cimarron, who pretended to be able to prevent the spread of small-pox inoculated twenty children with small-pox virus, promising that his treatment would preserve them from the disease. On the following morning sixteen of the children died. There is little hope of saving the others.

Wholesale Insanity.—A man was lynched in Wisconsin some time ago, and at the trial of the lynchers recently, the jury very compassionately found that they were all insane, and therefore not guilty of murder, Three of the men were pronounced still insane, but the rest were said to have recovered, and so were released from custody.

The Deadhouse of the hospital should have the following motto over its door:

Poj'd Sem Synu uc Mandrym Byti.

Come Here, Son, and Learn to Be Wise.

The Imperial Royal Medical Society of Vienna is to have a home of its home as well as the sister societies in Berlin. At a recent meeting of that body the President, Professor Billroth, announced that the Emperor had offered to contribute 5,000 florins for the purpose. A lady, who wishes to remain anonymous, has promised 4,000 florins, and the members of the Society have themselves come forward so liberally that the project will now be carried into execution without delay.

Case in an Arkansas Court.—Dr. Geo. E. Petty, of Des Arc, Ark., according to dispatches, was prosecuted for involuntary manslaughter and acquitted. A woman died on the 8th of December in a stupor which simulated opium poisoning. Dr. Petty had prescribed opium and belladonna for vomiting, and the prescription succeeded in giving relief for a number of days. Finally this remedy failed in the good results. When belladonna alone was given in such size doses that the whole amount given in seven hours was 140 drops of the standard tincture. Another physician in the neighborhood was called in and became the prosecuting witness. The evidence showed that the dose of belladonna was not excessive.

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A Society for the relief of children afflicted with incurable diseases has been formed in St. Petersburg. It has received 40,000 rubles and a parcel of ground anonymously as a beginning.

Births in Boston.—From the tables recently issued by the acting registrar, it appears that in Boston during the year 1891 the total number of births was 14,206, of which 7,292 were males, and 6,914 females. The daily average was 39.05. There were 245 colored births, of which 109 were male and 136 female. There were 142 pairs of twins, and four sets of triplets. There were two Chinese children born; one male and the other female.

The New York Pasteur Institute.—Since the Pasteur Institute was opened, something over two years ago, Dr. Gibier has had about 1,500 patients, of whom about 300 have been inoculated by him. Although the building occupied, a small house in West 10th Street, is very poorly adapted for its purpose, the expenses of conducting the institution have been very considerable, and as many of the patients treated were entirely unable to pay for the services rendered, it has been thought of late that the undertaking would have to be abandoned. It is now stated, however, that a large firm of contractors have expressed their willingness to erect a commodious building for this purpose near Central Park, and it is thought that with the improved facilities thus afforded the Institute may in time become self-supporting.

The Convention of the Militia Surgents of the U. S. at St. Louis promises to be quite a grand affair. The Citizens' Committee of Arrangements for the reception and entertainment of the Convention of Military Surgeons held their final meeting in the gentlemen's parlor at the Southern Hotel. The various subcommittees made their final report and received their practical discharge at the hands of Chairman A. C. Stewart.

Mr. Frank Gainnie, the chairman of the Entertainment Committee, said that all arrangements were completed for the reception promenade, concert and ball at the Chamber of Commerce on the evening of April 19. The Merchants' Exchange Hall will be beautifully decorated, and a committee of 100 citizens under the leadership of Mr. Charles Parsons will constitute the Reception Committee. Mr. L. G. McNair and a committee of 100 will serve as the floor committee. Fully 5,000 invitations have been issued for this affair, which is strictly full dress.

The business sessions proper of the convention will be held in Memorial Hall on the 19th and 20th of April. On the evening of April 20, a series of receptions will be provided at private houses, these being under the charge of Mr. L. G. McNair. The Citizens' Committee will give the visitors a carriage ride on April 21, which will include a lunch in the Jockey Club house at the Fair Grounds.

Royal London Ophthalmic Hospital.—During the past year 1892 in-patients and 25,558 out-patients were treated, and 2126 operations were performed. There was a falling off in the year's income arising from a decrease in the amount of legacies. The expenditure was £6333, which the committee deemed absolutely necessary to provide for the reception and care of the patients. Additional support was urgent. With reference to the new building, which is to cost £35,000, it was hoped the money would soon be subscribed.

Death of Dr. C. Meymott Tidy.—We regret to have to announce the death of Dr. Charles Meymott Tidy. Dr. Tidy last year suffered from an attack of influenza which left him much impaired in strength, flesh, and color. He seems never fully to have recovered and for the last few months he has been much hindered in the discharge of his multifarious duties. He was Professor of Chemistry, Medical Jurisprudence, and Public Health at the London Hospital, the official analyst to the Home Office, and medical officer of health for Islingtoe. He wrote many works on legal medicine and was the author, conjointly with Dr. Woodman, of a "Hand-Book of Forensic Medicine and Toxicology." He had for some time assisted in drawing up the monthly and annual reports on the quality of the water supplied to London. He graduated with the highest honors in Aberdeen University, was a member of the Royal College of Surgeons, and a Licentiate of the Society of Apothecaries. He was also a barrister at law. His position was due to no accident of birth or education, but was the result of inherent ability and indefatigable work.

Dr. D. Hayes Agnew died at his residence in Philadelphia on March 22d, after a brief illness. Dr. Agnew was born in Lancaster county, Penna., in 1818. He received his preliminary education principally at Moscow University, at Jefferson College, Canonsberg, Penna., and at Newark, Delaware. His medical training was obtained at the University of Pennsylvania. He was graduating in 1838, and began the practice of medicine in Lancaster county. After a short time, however, he withdrew from medical practice and engaged in business, in which, however, he was not very successful. He returned to the practice of medicine in Philadelphia about the year 1852. The secret of Dr. Agnew's success says the *Medical News*, may be said to have been, first, his thorought training in anatomy; secondly, the reputation that he acquired as a teacher of anatomy; thirdly, his skill as an operator; fourthly, his unwearying industry; and fifthly and last, but not least his personality. Of a commanding and dignified presence, with the courage of his opinions, associated with such a modesty and utter contempt of acting for effect, he has been, at least for the least decade, one of the most conspicuous figures in the medical history of the country.

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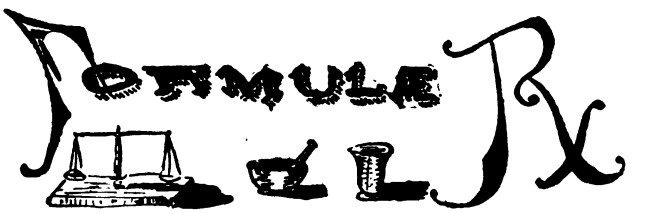
Second-Hand Teeth.—A reporter of one of the New York daily papers, says an exchange, has discovered a dealer in second-hand sets of false teeth. He buys them at pawnbrokers' sales for from ten to thirty cents, and sells them for about three dollars, so there is a fair margin of profit in the business. But it is not pleasant to contemplate the abject poverty that has driven the original possessors of these artificial teeth to pawn them for a few cents.

Proposed Medical Congress at Madrid.—A meeting of representatives of the medical profession throughout Spain was held at Madrid the other day, under the presidency of Dr. Aguinaga, to consider the expediency of organising a Spanish American Medical Congress, to be held at Madrid this year, during the celebration of the quadricentenary of the discovery of America by Columbus. An influential committee was appointed to take the necessary steps for carrying the proposal into effect, and the Spanish Government has promised to give all necessary facilities for the purpose.

A Needle Story appears in the Kansas *Medical Catalogue*, as follows: From Springfield, Ohio, comes the following remarkable story, related by local physicians: A Mrs. Frank Saum in combing her 6-year daughter's head pulled a broken needle, nearly an inch long, from the child's head. The explanation is found in the fact that a short time before giving birth to the child Mrs. Saum ran a broken needle into her hand. It buried itself under the flesh and being unable to extract it, the lady gave hereself no further concern about the matter. The doctor thinks that the needle found in the child's head is the same one.

Where the Noise Comes From.—The *Medical Record* states that a French physician of an inquiring turn of mind has had his curiosity excited by those mysterious noises which sometimes roar around the equatorial zone of charming woman, especially if she has been indulging in unlimited bonbons, and set him self about solving the problem of their origin. He thinks he has done so, and his conclusions form one more indictment against the destroyer of the health, the grace, and the beauty of form of the gentler sex—we mean the corset. The pressure of the stays causes, he says, a constriction of the stomach dividing it into two lobes, and during respiration the gases and liquids contained in the organ pass alternately from one to the other lobe. Thus during expiration the diaphragm ascends, removing pressure from the upper lobe, while the lower lobe is compressed by the abdominal muscles. The air and fluids are thus forced into the upper lobe, and rumble and whistle as they squeeze through the constricted zone in the grasp of the corset. During inspiration the conditions are reversed, and the noisy current runs the other way. The sounds cease as soon as the stays are taken off, and reappear when they are again applied. The moral is obvious. Of course it is.



Catarrh, Nasal.—The following are published in the *Med. and Surg. Rep*:

℞ Sodii chloridi, - - - - - ℥j.
Glycerinæ, - - - - - ℥iv.
Aq. rosæ, - - - - - - ℥j.
Aq. dest., - - - - - q.s. Oj.
Acidi carbolici, - - - - - gtt.v.
M.
Sig. Snuff up nose several times daily. Or,

℞ Tannin glycerol, - - - - - ℥j.
Glycerinæ, - - - - - ℥iij.
Acidi carbolici, - - - - - gtt.iij.
Aquæ rosæ, - - - - - ℥ij.
Aquæ dest., - - - - - - ℥ij.
M.
Sig. Use with atomizer. Or,

℞ Potass. bichromat., - - gr.j to x.
Aquæ rosæ, - - - - - ℥iv.
M.
Sig. Local spray.

Seborrheic Eczema.—Unna recommends the following when this disease occurs on the scalp:

℞ Resorcin., - - - gr. xxx. to lx.
Glycerin., - - - - ♏x to xx.
Acct. cantharidis, - - - ℥iij.
Ol. amygdali, - - - - ℥iv.
Aquæ cologniensis, - - - ℥j.
Sp. vini. rect., - - - ℥iij. vel v.
Aquæ, q.s., - - - ad ℥viij.
M.
Sig. Apply to scalp twice daily.

Trousseau's Diuretic Wine.—The following is the formula of this useful remedy:

℞ White wine, - - - - - Oviij.
Alcohol, - - - - - - Oj.
Juniper-berries, - - - ℥xij.
Acetate of potasslum, - - ℥viij.
Digitalis, - - - - - - ℥ij.
Squills, - - - - - - ℥j.
M.
Sig. A dessertspoonful of this contains the proper dose of each of the constituents, and is a very effective diuretic.

As much as six drachms of this wine may be given in twenty-four hours.

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The Coffin Trust will shortly raise the price of coffins 20 per cent. The obvious duty of the public towards this monopoly is to live it down.

Wool.—Who was it advocated "throwing physic to the dogs?" Van Pelt.—Don't remember the name; some fellow whose wife had one, likely.

The Final Test.—Sawyer.—The proof of the pudding is in the eating.

De Spep.—No, it isn't. It is in the digesting.

Gassing on a Serious Subject.—"That's such a big tooth, too. I should think you would hate to lose it." "Yes, it will cost me a pang to part with it."

Telephonic.—"Is this 257? Oh! doctor, my husband wants to go down to business, but I told him this weather is only fit for beasts! Won't you come over and persuade him to stay indoors?"

Tattered Timothy.—I've been trampin' four years, ma'am; an' it's all' cause I heard dat der doctors recommend walkin' as der best exercise.

Mrs. Prim.—Well, the doctors are right. Walk along!

Enforced Economy.—Mrs. Trotter.—I hear that all three of Mrs. Barlow's children have the measles.

Mrs. Faster.—Yes; so I understand. They're so poor that they have to economize on the doctor by all getting sick at once.

A Chicago Undertaker inserted the following advertisement in a German weekly:

"Wanted, for placing in a fine coffiin, a suitable corpse."

For enterprise other cities cannot touch Chicago.

"Ah, I have found you at last Miss June, said Mr. Garrulous, "and now for a nice long talk. But first shall I not bring you an ice?"

"No, thanks," returned Miss June, "but if you are going to talk very long you may bring me an opiate."

His Personal Attention.—Book-keeper.—I would like to have this afternoon off, if you please.

Senior partner.—What is the matter Mr. Penn?

Book-keeper.—I wish to attend my wife's funeral. I feel that it is something I ought to attend to personally.

It is Now a Question as to whether there will be a "chief surgeon" on the new road which is to be opened next spring from Joppa to Jerusalem, and if so whether he will have any better chance of entering the New Jerusalem than the members of our National Association of Railway Surgeons.

Is This True?—While our railroad equipment is far superior to that observed abroad, the figures show that the proportion of employes to the trains operated is smaller here than elsewhere, that discipline is more lax, that life-saving apparatus is less generally in use and that the portion of employes who are killed and wounded annually on our railroads far exceeds that of any other country says, the St. Paul *Dispatch*.

The Frequent use of Iodoform in the practice of railway surgery makes it important that surgeons should be guarded against the possibility of poisoning from this drug, which we must confess is very rare says an exchange. This may be easily detected by the disagreeable taste in the patient's mouth, which it is said will immediately develop a garlic taste, which according to Ponset indicates the presence of iodoform. Another test is to mix a portion of the saliva with calomel which, if iodoform is present, will produce a canary yellow color.

The Liability of a charitable institution has been recently defined. "A suit against the New York Hospital for damages sustained by a boy patient who was alleged to have suffered amputation of the thigh as a result of mortification of the leg from thigh bandaging for fracture, has been non suited upon the ruling that no action for malpractice can hold against a charitable institution which uses every care in the selection of competent surgeons to treat its patients." This certainly does not agree with previous decisions in reference to railway cases says the *Railway Age*. It is a well known fact that heretofore not only have the courts held that a surgeon is liable for malpractice in the treatment of railway injuries, but also that the company by which he is employed, is liable for any damages which might follow the surgeons treatment whether due to his ignorance and carelessness or not. If this decision is constitutional we cannot see how a railway surgeon can be held liable for damages, especially where the company is furnishing gratuitous treatment to its injured. What is food for the goose should be least be sauce for the gander.

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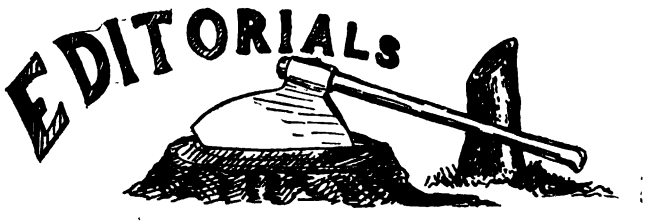

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Inebriety.

The question of alcoholic intoxication has been one of the most important to attract the attention and elicit the best thought of the foremost men in the medical profession. We have been told and an argument has been made to the effect that it is a habit, acquired by the gradual indulgence and final enjoyment of the use of spirituous beverages. On the other hand, equally plausible arguments have been brought forward to prove that it is a disease whose manifestations depend primarily upon an inherited tendency and whose continuance is dependant upon impulse which can be more or less successfully resisted. We do not desire to enter into a critical examination of these views and others which have been advanced to sustain the various theories put forward by different individuals. The authorities which are to be found arrayed in the support of various theories are not only deserving of the highest degree of respect and confidence, but are withal so honest in their convictions and their experiences are such as to call forth our highest respect for their views. That they cannot be all correct is self evident, but to determine with certainty the finer intricacies of the psychological problems with which they deal, is a task of so much difficulty that we cannot dare to essay an attempt at a solution.

The point which interests us more and which, we believe, is the one at present occupying a great share of the attention of physicians in general, is that connected with the treatment and cure of inebriety, if indeed the latter be a possibility. The alcohol habit is one of the most universally disseminated. We find that there is no nation so savage, so barberous as not to have a method of producing an alcoholic intoxicant and indulging therein. The most depraved type of humanity up to the most enlightened, seems to have acquired a taste for alcoholic intoxicants, and this independent of the degree of intellectual development the individual may have acquired. The impulse to indulge in this peculiar appetite is one which varies in intensity from a comparative indifference to a desire which is irresistible and well exemplified in that familiar condition known as dipsomania. When we take into consideration the prevalence of the habit, its wide dissemination, and the facilities offered for its indulgence it is no longer a matter to excite surprise that inebriety should exist to the degree which it does, nor that its increasing prevalence should excite so much interest in its proper treatment and cure. Another factor naturally leading to this state of affairs is the loss of responsibility, decency, moral rectitude, and other laudable traits to which an indulgence in such habits leads. Permit such a state of affairs to proceed untrammelled and it will not take very long before our entire social fabric will become rotten and fall into ruins prematurely hastened to destruction by the baneful influence of inebriety.

It has been found that medical skill is capable of doing much good in the repression of the appetite for alcohol. A great advance has been made in this direction during the past few years. The interest in the subject has led to the inception and has contributed to the success of a number of charlatans who are to-day preying upon a credulous public, reaping a harvest of gold as well as sowing one of death. Our readers are all familiar with the wonderful success of the "bichloride of gold" charlatan whose success is second not even to Mesmer and Caglistro. He has boasted openly of the

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amount of money he has derived frome the exercise of his stupendous fraud, but he has never permitted himself to call the attention of others to the numerous victims whose lives have been prematurely ended or whose intellects have been irretrievably shattered. In our columns we have announced a few of these from time to time, and this small showing is a fair estimate of the total number of wrecks caused by the system whose only virtue seems to rely in its secrecy and recklessness. The very fact of its being secret should prove to any one of sound mind that it is one of the numerous class of impositions whose only purpose it is to employ for the sake of gain.

On the other hand, there are methods of treatment for inebriety which are not only safe but trustworthy. They do not cure a case in a month, it is true, neither do they leave a track of victims to mark their advance. They are the result of the patient work and accurate observation of honest men who have trained themselves by experience in this particular branch of neurology. It is such work as is of the most reliable character, given freely to the medical world by that class which constitute the true philanthropists—honest physicians. There is no mystery surrounding the matter; but there is honest work achieved in a legitimate manner by means open to the investigation of the world and attended by the results of the best kind.

We have met physicians who were almost deluded into the belief that the hocus pocus of the "bichloride" was really efficient, until they listened to the experience of victims in whom the habit of inebriety was as strong if not stronger than ever. The successes, for some do exist, could have been as easily achieved by other means for they depended entirely upon the force of the will power and resolution of each inebriate. And this is one of the strongest factors in the attainment of a good result in the treatment of alcoholic indulgence. Any one who has had any experience in the treatment of inebriety will readily assent to this. We have as a most powerful adjuvant certain remedies chief of which is strychnia. An examination of the literature of the subject will reveal a number of combinations which are effective to a greater or less degree; and, in our opinion, the family physician aided by these will be able to accomplish better and more permanent results than any charlatan with his secret and dangerous nostrums.

Bichloride Victims.—Press dispatches announce another of Dr. Leslie E. Keeley's bichloride of gold cure patients has become insane. The person is Mrs. Evelyn Garretson, the beautiful and talented wife of William Garretson of 30 Gardner avenue, Jersey City Heights, who was found by the Hoboken police in a demented condition at the door of the Church of Our Lady of Grace on Willow avenue, Hoboken, April 2.

Policeman Weihe found her surrounded by a crowd of children who had gathered in front of the church and were held spellbound by her rendition of a plaintive ballad. The police officer himself was charmed by the singer's sweet voice and sespectfully listened until she had finished. Then he asked her why she sang there. To his surprise she took no notice of his inquiry but resumed her singing. In her arms she had several rolls of music.

Convinced that she was not in her right mind, Weihe took his fair prisoner to the station house. A physician was called in and pronounced her insane. As the woman would speak to no one, the authorities were at a loss to know what to do till a card found in her pocket disclosed her identity. Her husband was summoned and explained to Recorder McDonough that his wife had been subject to fits of temporary insanity at frequent intervals since she had left the White Plains Keeley Institute last summer. He said he would take care of her, and she was given into his custody.

Mrs. Garretson's case is a repetition of many others alleged to have resulted from the Keeley treatment, only a few of which have been made public. Walter B. Earle, only of Keeley's much talked of "cures," died a raving maniac in the Poughkeepsie Insane Asylum.

Luther Renson of Indianapolis is now in an insane asylum. Isaac Mailhous, a salesman at 364 Wynne street, New York, is said by his friends to be on the verge of insanity. Both men were "cured" Keeley patients.

C. N. Vaughan, another patient, of Denver, became insane February 24, last, and tried to murder his landlady. The deaths of Colonel Mines ("Felix, Old Boy") and James G. Fair, Jr., son of Nevada's Senator, from heart trouble, were attributed directly to the Keeley cure by their physicians.

Ex-Congressman Stephen T. Hopkins, president of the White Plains Bichloride of Gold Club, was, "cured," but went to drinking again and committed suicide.

Harry H. Ansley of St. Joseph, Mo., died February 21, while being treated at the Dwight Institute. Lawyer Isaac Angel of New York was rendered a physical wreck by the Keeley treatment for the morphine habit and contemplates legal measures for redress.

Treatment of Alcoholism.—We have heard much upon this subject and more especially of late, a sort of wave having swept over the country in connection with the subject. A well-known physician, who desires his name to be withheld for the present, has originated a method which appears to have met with quite an extraordinary amount of success and which is essentially as follows, the name he gives it being Cincho-Lupli:

℞ Strychniæ nitrat., - - - gr½.
Ext. fl. piscidiæ erythrin, - - ʒij.
Ext. fl. cinchon. rub.,
Ext. fl. humuli, - - - ʒijss.
Ext. fl. jalapæ,
Ext. fl. cannabis Indic., - aa ʒij.
Ext. fl. digitalis, - - - ♏ 40.
Aromatics, - - - q.s. ad. ʒviij.
M.

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Sig. A dessertspoonful thrice daily before meals.

This has succeeded in curing cases in which the Dwight method failed. However, if this fails the following should be injected once a day hypodermically in addition to the above:

℞ Atropin. sulphat, - - - gr. $^1/_{100}$.
Strychniæ nitratis, - - gr.$^1/_{100}$ ad gr.$^1/_{50}$.
M.

This has been made in the form of tablets which will readily dissolve.

This method has been used with complete success by a number of physicians and they have found, that, as a general rule, the preparation to be used per os is amply sufficient to procure good results, and not only this but results that are lasting and most important of all a safe issue is certain in each case. There are no cases of insanity, sudden death or other untoward effects such as have been filling the news columns of our newspapers, since the bichloride cure became a craze.

The Medical Review has met with so much success in the past, that we take this opportunity of acquainting our readers and their friends that we have a proposition to make which we consider extremely liberal and of which we hope to see them avail themselves. The MEDICAL REVIEW has not only received encomiums at the hands of its subscribers but it has received favorable notices at the hands of the entire medical press. We are desirous of seeing every progressive physician a subscriber of a live weekly medical journal replete with the latest news and containing all the latest advances in medicine and surgery. In order to place it within the reach of all, the publishers will send the MEDICAL REVIEW, to new subscribers, on trial, for the balance of the year 1892, for $1.50 and $3.50 per year, thereafter, payable within three months from date (and untilordered discontinued). Not only this, but a period of three months will be allowed in which to send the money. A printed slip embracing these conditions will be found in this number, and as the issue will comprise a total of 100,000 copies we expect to hear from every physician in North America. Send in your orders early, is our advice and we are sure you will never regret having done so.

Intra-Cranial Surgery in Italy has recently been revived. The *Lancet* says that it is cheering to witness the advance of surgery in Italy, which now bids fair to resuscitate the best traditions of Fallopio, Taglia cozzi, and Scarpa. Intra-thoracic and intra-abdominal surgery owe not a little to her recent operators. In Florence, the week ending March 12 has been signalled by a brilliantly successful operation in this department. Professor Baiardi, of the Spedale della Maternita there, had under his charge in the children's ward a little boy of four years and two months, suffering from "general cortical epilepsy," according to the official bulletin, "and idiocy." Having trepanned the cranium, Professor Baiardi (assisted by Drs. Mattucci and Giarre) removed two great tracts of bone in the parietal regions, "in correspondence with the *zona motrix* of the cerebellum." From the first day after the little patient's eye, nearly always wandering, uncertain, and uncon scious, "si mostro sereno ed animato da un lampo di intelligenza" (showed itself serene and enlivened by a flash of intelligence), the "habitual restlessness was replaced by calm," and "sleep came to restore the feeble limbs of the child, which, a prey to sickness at the threshold of life, had neither consciousness nor instinct, could neither speak, nor walk, nor indicate its bodily requirements in any way; did not even know how to masticate." The recovery, vigilantly watched and assisted, is already so far satisfactory as to warrant every confidence in the lasting success of Professor Baiardi's operation.

Advertisers, as a rule, do not require others to speak for them; they are fully prepared and capable of doing this for themselves. However, we deem it but just to call the attention of our readers to the various advertisements of the different firms who patronize the MEDICAL REVIEW. They are all well-known and reliable houses, as any one who has had dealings with them knows. It is this very fact which leads us to point to them with pride and it is our sincere hope that our readers will not forget that, while the advertising pages are devoted to purely commercial interests, they contain much that is valuable and interesting to the general practitioner who will find their careful perusal profitable. It is a well known fact that those who begin to read the ads. in a medical journal continue to do so as they find in them much that proves useful in daily practice.

Our Editorial on the American Medical Association seems to have stirred up the biliary secretions of the *Journal of the State Medical Society of Arkansas.* It devotes much space to an argument which, in our younger days we denominated *petitio principii.* It goes on to say many things and exclaims: "And then, to prove the untenability of the position that the East is conspicuous by the paucity of its representatives, we will glance over a programme of the last meeting held in the East—Newport, Rhode Island, 1889. There were on the programme 301 titles. Of this number Maine, Vermont, Massachusetts, Connecticut, Pennsylvania, District of Columbia and Maryland contributed *one hundred and fifty-nine* (while about fifteen or twenty were contributed by foreigners at that time in the United States) and many of them were the very 'Brahmins of the East.'" *Mirabile dictu!* But how many *read* their papers and what was the *total attendance* upon this remarkable occasion? Again the author of this brilliant answer writes: "If there is a body where the younger men are seen and heard that body is the Association. They are seen and heard in every section and on all occasions. Indeed, if any criticism is forthcoming on that score it would be more in the line of propriety

to remind the younger members of that old saying that children should be seen and not heard. Talk about the conservatism of the old and the rights of the young! Time was when the young doctor took a back seat and waited for time and opportunity. But that is now past, and the boldest, most aggressive and *in many instances* the most *progressive* members are the young ones." In the sections, yes, but in the general meetings devoted to legislation, we maintain our original position unless our sapient critic calls men over forty children!

The Gonococcus has no value as a diagnostic sign in medico-legal cases where the nature of a vulvitis is to be determined (*Ex.*). Vibert and Bordas found, to all appearances, identical organisms in six instances where blenorrhagia in young girls was attributable to other than venereal cause. In attempts to cultivate the gonococcus, positive results were obtained upon bouillon, agar, and potato. The cultivations showed diplococci in all respects similar to the gonococci. Thus it would appear that cultivation is not sufficient to make the diagnosis absolute. If the observations of different authors are compared it will be seen that they are not in accord either as to the best media for cultivations, the proper temperature, the length of time required, or the appearance of the colonies of cocci after they have developed. In the author's own hands the results have not been uniform.

They are, hence, of opinion that in the present state of knowledge it is impossible to recognize the gonococcus with absolute certainty, and to distinguish it from other micrococci to be found in vaginal secretions. In the last article, upon "the gonococcus in legal medicine," it is stated that in the author's experience only one variety of micrococcus is found in the acute vulvitis of little girls; and this presents all the features of the gonococcus.

In conclusion, they feel justified in the statement that at the present time the question of the gonococcus is far from being solved with that complete certainty which forensic medicine requires, and believe that in no case is the expert authorized in affirming the blenorrhagic nature of a vulvitis based upon a bacteriological examination, no matter how complete.

No Dipsomania in Iowa is a claim made by some which leads a contributor of the *North American Practitioner* to exclaim: Is it possible that men of culture—such as should constitute a legislative body—can, in this bichloride of gold excitement, overlook its only interest—that a psychological interest. The words of a noted scientist in brief will be sufficient. "Practically, the bichloride of gold is a therapeutic nihility. So far the best authorities agree that any form of gold is inferior to iron as a medicine." Any physician can show that a combination of atropia, cocaine, strychnine or other similar drugs, used hypodermically, will effectually check the craze for spirits. As long as it is given two or three times a day all forms of alcohol will be distasteful, and abandoned under all circumstances. This is simply chemical restraint, which is well understood in all the insane, inebriate and private asylums of the country. The permanent cure or restoration of these cases, in three or more weeks, by chemical restraint, is startling, to say the least. The extraordinary confidence of permanent cure, and the almost enthusiastic delirium to make it known, by the persons who have taken this treatment, is not only startling, but unknown to the history of other diseases.

Psychologically, this unusual interest marks a distinct stage in the advance of all truth. The statement that inebriety was a disease and curable, has passed the stage of denial and opposition and come to the second period of credulity.

This is the time for specific remedies, and the opportunity for the quacks and camp followers of science who, recognizing the demand for help and the confusion of facts and theories, take advantage of the situation for the most selfish purposes. By and by this period of credulity will be followed by a scientific era of organized fact, in which specifics and extravagant claims will disappear. The bichloride is only one of more than a dozen different remedies on the market, and advertised as specific cures of all forms of inebriety. All these remedies are sustained by innumerable certificates of clergymen, editors and cured patients, and even physicians' names appear as references. Not strange, however, to see physicians' names, when we consider the scientific ability of many so-called doctors, a large class holding "five year" certificates, under state legislative act, as well as a large class holding certificates obtained upon diplomas bought for the pitiful sum of $25.00, having never seen the college or city same is located in. Such are to be found in this as well as many localities in the State of Iowa.

A Recent Young Graduate, having obtained his degree from a certain medical college known for its quick grindings, returned home with his parchment proud as a lord (*Am. Med. Jour.*). It was known generally in the community that the young man had been absent from his home only a few weeks and were led to wonder how in the world the young man could become an M.D. in so short a time. The local paper, however, put the whole matter at rest, by stating that owing to the unusual brightness of intellect and readiness of the young man's mind to grasp the thought, it only took him three months, wherein under ordinary circumstances it takes others three and four years.

Chancre of the Tongue is rare, according to Fournier, although the most frequent of extra-genital chancres after that of the lips. It is usually situated on the anterior portion of that organ, and is almost always single. Two initial forms are found, the erosive and the ulcerating, the former being much more frequent than the latter.

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Troubles of Urinary Organs.—There seems to be no class of ailments so annoying and difficult to reach, and at the same time so prevalent as those affecting the urinary organs. This is especially true of many men of middle age, and especially among those of sedentary habits. It is no doubt true that there is not a physician who has even a moderate practice, who has not at least one case of cystitis, urethritis, or some allied trouble.

The remedies that have been popular for many years, such as buchu, uva ursi, juniper, cubebs, acetate of potassium, etc., do not prove curative, but only either temporarily alleviate or render no relief at all. Nothing new has been presented to relieve this large class of sufferers, until attention was called some time since to Tritica, a new remedy, prepared by the Searle & Hereth Company, Pharmaceutical Chemists, Chicago, Ill, who will send all desired information on request.

The Lactate of Strontium in Albuminuria.—Professor Dujardin-Beaumetz treated, at the Cochin Hospital, five albuminuric patients with lactate of strontium (Paraf-Javal), giving the salt in 2 gramme doses only, three times a day, although 10 grammes may be given daily. These cases included several of the forms of albuminuria; among them were two cardiac cases and a well-marked case of Bright's disease. In a report to the Paris Academy of Medicine, Dr. Dujardin-Beaumetz said: "In from one to four days I obtained in all these patients a reduction to one-half of the amount of albumen in the urine. Evidently we now have a precious medication for this condition, and one which is safe, potent and inoffensive."

Dr. Constantin Paul, in a report to the Academy, July 28, 1891, said, in reference to the action of the lactate of strontium in Bright's disease. "It is not a diuretic, but it notably diminishes the quantity of albumen while effecting a rapid amelioration of the other symptoms. The number of my cases treated with it is not yet large but the results are such as to lead me to recommend a trial of this medication to other physicians." In a later report to the Therapeutic Society (November 11) M. Paul reaffirms his first conclusions and adds: "The lactate of strontium has done excellent service in parenchymatous, rheumatismal nephritis, in the nephritis of gouty and scrofulous patients, and in albuminuria of pregnant or recently delivered women; I have reason to hope for the same excellent results in the albuminuria of scarlatina. Even the presence of an intense febrile process does not interfere with the action of lactate of strontium in parenchymatous nephritis."

The results obtained by Drs. Paul and Dujardin-Beaumetz were also gained by Dr. Bucquoy, who reports some cases in which the amount of albumin in the urine was reduced one-half within twenty-four hours after the beginning of the treatment.

Other observers have reported a number of cases in which this salt has had a decidedly beneficial action in diabetes of hepatic origin and in cirrhosis of the liver. The primary action of the medicament seems to have been upon the nutritive organs. Anorexia and the epigastric phenomena soon disappear, and finally, the glycosuria, polyuria and polydipsia gave way as the signs of general amelioration became manifest.

Treatment of the Post-Grippal Psychoses.—Dr. Julius Althaus gives the following (*Am. Jour. Med. Sc.*) as the result of his experience: The best rule for treatment is that we should individualize as much as possible, and treat the patient rather than the disease. A nourishing and easily digestible diet is in all cases of the greatest importance. A moderate amount of alcoholic stimulants is useful in most cases where there is loss of appetite and physical debility in addition to mental perversion, and more especially required in the delirium of inanition. On the contrary, stimulants of any kind should be prohibited in general paralysis of the insane, where they would unquestionably do harm. Rest, avoidance of excitement, and change of air and scene are amongst our best restoratives where the normal functions of the brain have been impaired. In the delirium of inanition and allied states, where excitement and hallucinations are prevalent, subcutaneous injections of morphine and atropine may be used with considerable advantage. Insomnia should be combated by prolonged warm baths, and, if necessary, by the use of sulphonal and paraldehyde; anorexia by bitter tonics, general debility by quinine, strychnine, and phosphorus. Where there are symptoms of cardiac debility, as shown by a feeble and rapid pulse, digitalis or strophanthus should be administered. The action of the liver and bowels must be carefully regulated, and alteratives and aperients given when required. Finally, the tone of the nervous centers may be much improved by a judicious application of the constant galvanic current, applied more particularly to the per-frontal lobes and the medulla oblongata, in doses of one half to two milliamperes, for between five and ten minutes, either daily or every other day.

Chloride of Gold Injection Against Snake Bite.—At a recent meeting of the Academie de Medecine, Dr. Calmettes, director of the Bacteriological Institute of Saigon, stated (*Nat. Drug.*) that after a long and careful study of the venon of the cobra—that most dangerous and deadly of East Indian serpents—he believes he has found an antidote thereto in chloride of gold. The antidote must be administered by interstitial injections of a 1 per cent solution, in doses of 15 minims, repeated according to circumstances. Of course, to be

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of any service the injection must be given very soon after the wound has been made, and preferably in same spot, though Dr. Calmettes says that intervention is usually successful if practised prior to the appearance of symptoms of bulbar asphyxia. From experiments made with the venom on small animals, the doctor believes that he is in the position to affirm that the gold chloride acts chemically as a neutralizer of the venom, thus possessing a property shared by no other chemical. Permanganate of potassium alone, of other substances, seems to possess the power of retarding the action, but can not prevent the fatal termination of the injected poison. The venom, treated first with gold chloride in excess, may be afterward injected with impunity.

Liability for Post Mortem Examinations.—In a recent Colorado case (Cleveland *Med. Gaz*) suit was brought for damages against some undertakers, because they had allowed and taken part in an autopsy on the body of a person placed in their charge for burial. The action was brought by the children of the deceased person, but they had not been living with their mother and they did not pay for the expenses of burial which were borne by the person with whom the lady was living. It seemed that death occurred suddenly while she was riding in a hack, and as the ordinances of the city of Denver require the certificate of a physician before burial, the medical attendant was unwilling to grant such certificate without an autopsy. Under these circumstances, and it would seem without notifying the family, the physician and the undertakers performed an autopsy. This was done decently and without unnecessary mutilation of the body.

Upon all the circumstances the court decided there could be no recovery.

Hawthorn Twig in Ear 30 Years.—The following case is reported by Dr. A. O. Stimson (*Med. and Surg. Rep.*): In the month of January, 1844, the patient, while forcing his way through a dense hawthorn hedge felt the end of a hawthorn twig enter his ear and it broke off, causing him considerable pain at the time. On Monday, the 16th day of January, 1879, a substance was extracted which proved to be the budded end of a twig a half inch in diameter and one and a half inches long by actual measurement, which was somewhat flattened on two sides. It consisted of tough, hard, woody fibre with the adherent bark. The patient took the substance home with him and unfortunately lost it. He persistently claimed that the substance entered the right ear, while it certainly was extracted from the left ear. The reporter is confident, however, that he certainly must be mistaken in regard to it as the broken end of the twig presented first. It seems almost incredible that this broken piece of a hawthorn twig could have remained in this man's head for over thirty years without giving rise to more serious symptoms; but both his wife and himself at the time persistently attest to the truth of the aforesaid statement.

Buffalo Letter.

Editor Medical Review.—

At the last meeting of the Journal Club, H. N. Williams reported on the conditions inducing coagulation of blood and on the grip as studied in Berlin; Irving M. Snow reported statistics of intubation and tracheotomy and practical studies of the communicability of the contagious diseases of children. All the reports were from foreign medical journals, according to the rules of the club.

Geo. F. Cott recently performed intubation twice in the same day. The first patient was a child about a year old with laryngeal croup. During the operation what appeared to be a cast of the larynx was coughed up. The writer examined this for the streptococcus and for Loeffler's bacillus, but found only a few micrococci. The second case was that of a boy aged 10, who fought desperately against the insertion of the tube. This case seemed to be one of genuine diphtheria though no bacteriological examination was made. The Board of Health requires all classes of pseudo membranous croup to be reported and placarded as diphtheria, taking the ground that clinically the differential diagnosis between true croup and diphtheria of the larynx is usually impossible except by bacteriological examination which the majority of the profession are not prepared to make.

Same physician, interviewed for one of the daily papers, has described a new infectious disease, apparently a throat trouble, but without internal lesion, although the glands of the neck are enlarged and tender to the touch. Within a week the writer has seen four cases of what appeared to be simple pharyngitis, but three occurred in the same family and in all there seemed to be an infectious element. Relative to the degree of redness of the pharynx there was considerable enlargement and tenderness of both the sublingual and submaxillary glands and the adjacent lymph nodes. The cases yielded readily to gargles of hydrogen peroxide. Probably these cases were of the same nature as the "new disease."

The warm, pleasant weather of the last few days has induced the street cleaning department to get rid of three months' accumulation of mud and ice and the city has been divided into districts to systematize the work. There are now about 120 miles of asphalt pavement in Buffalo and the saying among dealers that "every mile of asphalt means a hundred bicycles sold" is quite justified in the number of these vehicles. Among the wheelmen are forty or fifty physicians, some of whom

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use the bicycle as their ordinary means of making calls, others only as an adjunct to the buggy and as a pleasure vehicle. The acconomic and hygienic value of asphalt can scarcely be estimated. The bicycle trade alone is a great industry while the buyers of bicycles gain in health, tone and the saving of the expense of other means of transportation, more than they pay out for their machines. Other vehicles are relieved from the continuous vibration which is inevitable on even the best stone pavement and horses are spared a large percentage of strain. The idea that asphalt is slippery and bad for horses' hoofs is not supported by practical observation although there are times when a thin layer of mud or ice requires careful driving.

The excavation for the new building of the University of Buffalo is nearly completed and it is expected that work will be pushed during the spring and summer so as to have the building ready for occupancy in the fall. The organization of a Dental Department has been begun and rooms have been allotted to it in the plans of the new building. The Law Department which began as a branch of Niagara University and withdrew from that institution last year is now part of the University of Buffalo, but it will have separate accommodations in the center of the city on account of the proximity of the courts.

Prof. Charles G. Stockton, in a recent clinic on Diabetes Mellitus, included under the pathology of that disease an increased excretion of urea and a progresive atrophy of viscera and emaciation of the entire body. Without these elements sugar in the urine indicated simply glycosuria. The sugar itself was either alimentary, that is derived from carbohydrates ingested, or tissues formed, that is due to the breaking down of cells of the body. Prof. Stockton laid stress on the absolute necessity of allowing no starches or sugar to be taken. By restricting the ingestion of carbohydrates, the amount of sugar eliminated in the urine could be diminished but the disease was not checked because the tissue formed sugar continued to be produced. If, however, carbohydrates were entirely withdrawn from the diet, not only did the alimentary sugar disappear from the urine but the breaking down of tissue cells into sugar and urea was also diminished.

Health Commissiouer Ernest Wende is carrying on a war against undertakers who have violated the ordinances regulating burials. The principal offenses have consisted in holding public funerals of children who have died of contagious diseases and in not burying bodies within the twenty-four hour limit prescribed in case of virulently contagious diseases.

As a contrast to the subject of burial the writer has just telephoned to Cyrus K. Remington, Esq., Secretary of the Buffalo Crematory Co., and received the following statistics. The first incineration occurred in December, 1885, the body being that of a woman. This cremation was conducted as a test and proved satisfactory. Since then the cremations have been:

1886	8	including	1	woman.
1887	17	"	3	"
1888	16	"	2	"
1889	23	"	8	"
1890	30	"	11	"
1891	37	"	10	"
1892	10	"	2	"

A total of 141.

The gradual annual increase does not adequately represent the growing sentiment in favor of cremation, for crematories have been built at Detroit, Cincinnati, New York, Philadelphia and other places so as to shut off from the Buffalo Crematory a large territory and to restriot it to a comparatively limited area. Even the influence of the St. Louis Crematory is evident for the early cremations at Buffalo included bodies from Colorado and Missouri. Conversation on the subject of cremation in Buffalo reveals a very general popular enlightenment and the number of cremations would be greatly increased were it not that when the shock of death comes the preference of the deceased for cremation is overridden by the prejudices of members of the family or by a disinclination to leave the beaten track of custom.

Boston Letter.

Editor Medical Review.—

Public Health.—Every city must, sooner or later, as it grows and extends, be confronted with the problem of how best to care for the "public health." The sections which are occupied by the cheap tenaments and are peopled with the most ignorant and degraded classes, in the social scale, grow larger and become less and less cleanly as time goes on. The danger of epidemics, and the spread of contagious disease, as well as the moral influence, less often considered, require determined action on the part of the municipal authorities. Recently, after much discussion, the Board of Health of this city, adopted plans, the carrying out of which should be of great benefit to the welfare of the community, as well as a source of comfort to the occupants of these tenements. The buildings in these quarters, which for the most part are wooden structures and very old, are carefully inspected, and those unfit for occupation are condemned. The families are ordered out and the buildings must be demolished within a certain length of time. The land being too valuable to be allowed to remain idle, new buildings will be erected upon approved plans, and this, together with the restriction of the number of occupants, make it probable that before many years the health of the city will be put upon a safer basis and also that the poorer classes will be better housed. Of course, this action meets with some opposition from the owners of the property, but the policy involved is too important to be stopped by this, and the work is steadily going on.

Malignant Pustule.—This disease, while common in France and some other sections, is so rarely seen in this country, that when it does occur it excites consid-

erable interest both as to diagnosis as well as to treatment. A short time ago a man presented himself at the Boston City Hospital with a large inflamed and indurated mass on the side of the neck. The diagnosis was made. A few days later the black slough appeared and the mass was completely excised. Previous to this cultures of the bacillus anthrax were made. The recovery was uneventful and the patient is now well.

THORACIC ANEURISM.—A little over a year ago Macewen described a new method for treating large aneurisms, which consisted of passing a fine needle through the sac and scratching the endothelium. This irritation is supposed to cause the formation of white clots which after a time, obliterate the cavity. Since the original article, several cases have been reported by various surgeons with less satisfactory results than obtained by Macewen in the series reported by himself. A few months ago Dr. H. Bradford operated upon a patient having a large aneurism of the thoracic aorta at the Boston City Hospital. During life no benefit was apparent and at the autopsy, done recently, no white clots were found.

DR. REGINALD H. FITZ has been appointed Professor of Theory and Practice at the Howard Medical School, in place of Dr. Francis Minot, who resigned. Dr. W. W. Gannett will probably have Dr. Fitz's old chair of Pathology.

DR. JOHN AMORY JEFFRIES died March 26, of pneumonia. He was just in the prime of life, holding with honor several dispensary appointments, and was very active in scientific medicine. Some of his bacteriological investigations are very valuable.

Philadelphia Letter.

Editor MEDICAL REVIEW.—Dr. Pepper presented a case of "Aneurism of the Anterior Surface of the Ascending Limb of the Arch of the Aorta," at the University Hospital.

The patient, a female, had been before the class in December, last. The most distressing symptoms at that time were frequent severe paroxysms of pain extending through the right side, shoulder and arm, great difficulty and pain in swallowing and a persistent laryngeal cough. The pulsation, thrill and bruit at that time were very marked.

The patient was ordered to bed for a period of sixty days, put upon a light diet, a course of iodide of potassium, and venesection to the amount of eight ounces, to be practiced every two weeks. She returns to-day with the report that she has had no pain since the treatment was instituted, the shortness of breath is much relieved, she has less difficulty in swallowing, but the cough continues unchanged. Patient says her symptoms were always relieved a few hours after each blood letting.

An examination of the chest shows the pulsation and murmur much less marked.

Dr. Pepper was much gratified by the result of the treatment and he believes that blood letting is not practiced with sufficient frequency in these cases.

The improvement in the symptoms and physical signs he thought indicative of coagulation within the aneurism. The patient was ordered to bed for another thirty days with a continuation of the same treatment.

Dr. Ashhurst, at his Clinic in the University Hospital, March 12, presented a case of phlebitis of the left saphena vein.

Patient complains of intense pain at groin and knee, and severe pain when pressure is applied to the calf of the leg. This is frequently one of the most marked symptoms elicited in these cases. The swelling is not very marked. Usually the less the swelling the greater the pain. There is some edema along the course of the vein due to the effusion of the fluid portion of the blood from the obstruction of the circulation. The vein can be traced throughout its course by means of its swollen and cord like condition. It has a knotted feel, the knots corresponding to the location of the valves and to the points of communication with other veins.

The pain under the knee corresponds with the position of a clot in that part of the vein and has persisted longer than at any other point. In cases of phlebitis resulting from injury to a vein, the clotting follows the inflammation, while in pyemic cases, or in the phlebitis following parturition (milk leg), the clotting probably precedes the inflammation. The condition known by the popular name of milk leg, consists in inflammation of the veins of the part. This name probably has its origin in the supposition that for some reason the action of the mammary glands was suppressed and the milk carried to the leg where it produced the characteristic painful swelling.

The prognosis is good in a case of phlebitis occuring in a well nourished individual, but it is a grave affection where it is attendant upon pyemia or due to a traumatism in the case of a broken down constitution. There always exists the danger of a fragment of the clot becoming detached and carried through the circulation to the right heart thence to the lungs and causing embolism of some branch of the pulmonary artery.

The patient was placed upon a course of quinine with small doses of blue mass, one-half grain three or four times daily, the latter to be dropped as the disease subsided. A nutritious and easily digested diet was ordered. Patient must be kept in bed until all danger of embolism is passed.

The local treatment consisted in the application of mercury and belladonno ointment applied over entire course of vein to be covered by cotton and secured by a light bandage.

Dr. Ashhurst next presented a patient upon whom he had done an excision of the elbow joint some months previous. The patient had recovered with a very useful arm. He remarked that excision of the elbow joint, when rightly performed, yielded a more useful limb than excision of any other joint. He advised against the removal of too small a quantity of bone. He did

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not think that in the removal of a larger quantity than some authorities advise there was any danger of too free a movement of the arm in all directions as the muscles would, after they had recovered sufficient tone, control the movements in the right direction.

The last case was one of fracture of the crest of the ilium. The patient, while driving over a railroad crossing, was struck by a passing train and thrown from his wagon. He was unable to give an intelligent account of the accident, so it was impossible to know exactly where the force was applied which produced the fracture—it is usually, however, the result of direct violence. He spoke of the liability to implication of the abdominal viscera which constituted the chief danger in fracture of the pelvis. Crepitus was readily elicited and it was believed that the fracture extended into the acetabulum. He said that fracture of the acetabulum might consist in a separation of the posterior lip, allowing shortening of the limb or in destruction of its floor sometimes resulting in impaction of the head of the femur in the pelvic cavity. The cases are usually fatal owing to severe injury to the viscera. The treatment consisted of placing a small narrow cotton compress inside the crest of the ilium and the application of broad adhesive strips, a small sand bag to inner side and a long one to outer side of thigh and slight extension, about four or five pounds. The patient to be kept in bed four weeks.

Springfield, Ill., Letter.

Editor MEDICAL REVIEW.—A visitor to Jacksonville, Ill., will be impressed with the number of Institutions medical and otherwise in that city, at any rate such was the impression I received, so will give a description for the benefit of those who cannot visit the "others of the West."

The Jacksonville City Hospital of 75 beds, was established in 1874, and is in charge of "Deaconess Society of Lutheran Church, and supported by voluntary contribution by this order, and by patronage of Chicago and Alton and Jacksonville and South Eastern Railroads.

The Illinois Central Hospital for the Insane, established in 1847, is the oldest institution of its kind in the State and one of the oldest in the West. Previous to 1871 it was the only one and had to take charge of all the Insane of the State. The original capacity of this Institution was 150, this was enlarged to 300 and again to 600; this, however, did not keep pace so in 1885, the annex detached building was opened, increasing the capacity to 900, a second annex in 1891, made this hospital large enough to accommodate 1,200 patients. The main or old, building has 24 wards, 12 on each side of center. The west side being occupied by females; the east by males. The annex buildings or more properly annex building, for they are connected by a chapel, and Amusement Hall building which is common to both. This annex is situated apart from the main building, and is composed of a north part which is occupied by females and a south one, which is occupied by males. Each building has 6 wards: each ward accommodating 50 patients. The associate dining room system prevails here; while at the main building, each ward has its own dining room.

At the main building the Chapel and amusement hall are separate, at the annex, one beautiful hall answers for both; this hall is complete in its arrangements, the stage is modern with drop scenery. A fine pipe organ supplies music for chapel and concert service.

The hygienic arrangements at both buildings are complete. The heating and ventilating being perfect, as a proof, no epidemic has prevailed for years.

The official medical management of the Institution is as follows:

MEDICAL SUPERINTENDENT.—Dr. Henry F. Carriel, M.D.

ASSISTANT PHYSICIANS.—Lewi A. Frost, M.D., Frederick C. Winslow, M.D., Frank P. Norbury M.D., Frederick O. Jackson, M.D.

The amount asked for at the lgislature for expenses was $180,000. This will give 147.54 the per capita cost for each patient per annum on a basis of 1220 patients.

The Oak Lawn Retreat, a private asylum established 1872, having capacity for 60 patients. This institution also cares for the insane of several Western Territories. Here are also two private institutions prepared to do general surgery.

In addition to the above there are two State institutions, one for the deaf and dumb, and one for the blind. The deaf and dumb institute is the largest of its kind in the world; having 492 deaf mutes under its roof, who are taught various trades as, printing, shoemaking, cabinet making, etc.

The blind institution has at the present time 170 inmates, some of these are taught how to make brushes, brooms, or cane seating.

It is thus shown that the city of Jacksonville, take care of many of the afflicted not only in mind, but of the three great senses, viz., deaf. dumb and blind.

G F. S.

Two Cases of Hemophilia.

Editor MEDICAL REVIEW.—The following is an abstract of a lecture delived by Prof. A. C. Bernays recently, which I think will prove of interest to your readers: Respectfully, STUDENT.

There is no doubt that the disease known as hemophilia is becoming more frequent in our times than it has been heretofore, though a great many cases have been described of this disease the exact limitations and characteristics of this pathological process are not thoroughly understood, and there are different views as to the essential causes of the trouble. The principal symptoms of hemophilia are:

1. Superficial hemorrhage from the integument and mucous membranes, in rare cases also of the serous

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membranes. These hemorrhages are spontaneous or due to injuries. The spontaneous hemorrhages are often preceded by a certain orgasm of the vascular system or by nervous excitement and psychical disturbances. The blood pours out of the untouched skin or healthy mucous membrane, or from inflamed or ulcerated parts of the same. Hemorrhages from the mucous membranes are more frequent than from the skin. The phenomenon of bleeding from the skin has been called blood-sweating, such hemorrhages may continue for days and weeks in spite of all styptic remedies, and in these cases frequently cause death.

2. Intestinal hemorrhages. These also, are spontaneous or traumatic. The injury may be a very slight one. These hemorrhages appear as blood-blisters or in the form of petechiæ or ecchymoses. They resemble very much the disease known as the morbus maculosus. They show very little tendency to suppuration or to cause gangrene.

3. Joint affections which are accompanied by pain and swelling of various joints, most generally the knee joint. They resemble ordinary acute articular rheumatism, however soon begin to resemble a chronic joint-affection, the so called tumor albus.

Besides the three symptoms we have enumerated, heredity has been considered essential and even pathognomonic of hemophilia by some authors. This heredity may be a direct one or it may be an indirect or so-called transgressive heredity. The hereditary theory has recently been sharply criticized by W. Koch ("German Encyclopedia of Surgery," vol. 12). He admits that the disease may be transmitted from parents to their children, but denies that a transmission to the third generation has ever been positively proven.

There have been a number of hypotheses advanced in regard to the true nature of this remarkable disease. They are the following:

1. The disease has been regarded as a faulty composition of the blood (Nasse, Elsaesser, Tardieu). The blood is said to be pale and lacking in fibrin and red blood corpuscles, and thus easily passes through the walls of the vessels. This theory is weak, because it has been shown that the blood of hemophilic patients has the same color and density as healthy blood. It coagulates just the same, and there is no defect of the red blood corpuscles or a lack of fibrin, but on the contrary there seems to be an increase of these elements.

2. A neuropathic origin of the disease has been contended for by Cochran, Reinert and others which has found much favor among pathologists. This theory supposses a paralysis of the vaso motor nerves as the cause of the hemorrhages from the relaxed walls of the blood vessels.

3. May be called a vascular theory, because it places the seat of the disease in the vessels themselves. The adherents of this theory claim that there is a great fragility of the blood vessels, and that the blood vessels have an abnormally superficial course in the tissues.

4. The mechanical theory was introduced and ably presented by Immermann ("Ziemssen's Hand-Book," vol. 13, part 2). This author claims that there is a congenital disparity between the volume of the blood and the capacity of the vascular channels which causes an enormous increase of the blood pressure within the vessels. The author backs up this theory by the statement that the bleeders usually show the signs of habitual plethora.

5. The last theory finally is the parasitic theory recently advanced by W. Koch. The author assumes that the blood of the bleeders passes through the walls of the vessels because it is charged with certain toxines. He places the disease among the infectious diseases and regards it as closely allied with scurvy and purpura. The theory is of too recent origin to be fully accepted, and requires further corroborative evidence.

The question which I desire to treat of to-day is how do bleeders stand surgical operations? I have recently had two cases where I was compelled to perform a surgical operation in well-marked cases of hemophilia.

The first case was that of a patient 18 years old who had hypertrophy of both tonsils. The operative removal of the left tonsil was made before I knew that the patient was a bleeder. The tongue was depressed. I removed the tonsil by an incision from below upward with a probe pointed knife. The hemorrhage stopped after the patient gargled with ice-water, but began in the evening and lasted the entire night. A styptic gargle of alum had no effect. Two days after the operation the bleeding surface was cauterized with nitric acid so as to form an eschar which stopped the hemorrhage. When the eschar began to drop off the hemorrhage returned. Next I tried cauterization with a Paquelin burner which had the effect of stopping the hemorrhage for 24 hours; finally, on the tenth day after the operation, the patient having lost much blood, being very anemic and weak, and having lost much sleep, I prescribed NEUROSINE with a view of giving the patient a strong hypnotic, and applied a pressure to the bleeding surface by means of cotton dipped in the perchloride of iron. The patient fell asleep after taking two doses of NEUROSINE and slept nearly 20 hours, and the hemorrhage ceased entirely. The patient, on being questioned, stated that he had always bled very much from slight scratches or cuts. After having a tooth extracted two years ago he had bled for three days. I must confess that when the last-mentioned remedy was given, the patient was very anemic, and I was inclined to think the hemorrhage stopped from want of blood pressure due to weakness of heart.

The second case is that of an external urethrotomy, perineal section performed for stricture of urethra in a young man of 23 years, at the Protestant Hospital. The operation itself was not accompanied by excessive hemorrhage, the mucous membrane of the urethra was stitched to the incision in the skin. A terrific hemor-

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rhage called me to the patient's bed about 48 hours after the operation, and from that time on for eight days in spite of all I could do the hemorrhage continued, and the patient was hovering between life and death nearly all the time. He became almost bloodless and looked as white as the sheet on which he lay. He also suffered from loss of sleep partially, no doubt, caused by our incessant attemps at stopping the hemorrhage, and I ordered for him also, NEUROSINE, which after three doses of a teaspoonful each given one hour apart resulted in a deep sleep lasting 11 hours, after which the hemorrhage stopped. At the time the hemorrhage ceased the local application in this case consisted of ice together with pressure. The same treatment had been unsuccessful for two days previous to the administration of NEUROSINE, and I received the impression that the cessation of the hemorrhage was in some way directly due to the hypnotic which had been administered, and it is to this point particularly that I wish to draw attention.

In the treatment of hemophilia, though a neuropathic theory has been advanced, I have nowhere seen the use of hypnotic remedies advocated, in fact, this method of treatment would scarcely suggest itself to any one treating a patient from extreme anemia, but I was deeply impressed by the results following the administration of the anodyne and hypnotic in my two cases. From the two experiences I am inclined to draw the following conclusions:

1. The danger of operative interference in cases of hemophilia is not met with during the operation but follows as a rule in the form of secondary oozing. The danger is only in the parenchymatous oozing. The larger vessels do not bleed more formidably than in a normal individual.

2. Besides the ordinary hemostatic measures I think a hypnotic should be given the patient, but these cases should be constantly under the surveillance of a competent nurse.

Threatened Miscarriage.

Editor MEDICAL REVIEW.—I am well pleased with the MEDICAL REVIEW. If for no other reason, because it treats more or less upon medical ethics, which I am sorry to say with many is at a very low ebb. And for this condition I know of nothing better as a tonic than transfusion or instillation of the "Hippocratic Oath." Dr. Mason's case of threatened miscarriage of March 12, reminds me of a case I had several years ago. I was called in haste to a married woman who was supposed by the family to be in the last throes of labor, consequently the family attendents had acted well their part. But they had had a young medical attendant, who in my mind acted very unwisely, to say the least. This being a primipara and two weeks short of full term. He said it was all right and just as well to deliver her then as it would be to defer until full time. So he proceeded, and among other modes of relief, he injected, per rectum, a solution of common salt.

After I had looked the case over I told the husband I thought she would soon be easier and that she would probably go to full time, which was proven true. In this case I relied principally upon fluid extract of viburnum punifolium which in suitable cases of threatened abortion or miscarriage I believe is a good remedy.

In the practice of medicine, I am fully convinced that the closer we walk in the footsteps of nature, and the timely submission to her mandates, instead of to the dictates of fashion, the better will our success be. For after assisting crippled nature all we can, there's little left that we can do.

I delivered a lady recently of a healthy child with the umbilical cord around its neck. This woman told me that she had been threatened with miscarriage three times since her seventh month of gestation. Each time with hemorrhage and the two last times she was sure that the waters broke, and yet she went full time.

Sometimes I may say something about dropsy or anasarca and some ailments of children.

Colman, S. D. C. S. GERALD, M.D.

Uterine Therapeutics.

Editor MEDICAL REVIEW.—In noticing the rapid advance in pharmacy and the great number of elegant preparations now offered to the profession, it is remarkable how few have been tried and not been found wanting in gynecological practice.

In the light of past experience we can scarcely hope that uterine therapeutics will ever be so satisfactory nor can the diseases or functions of that organ ever be controlled as thoroughly as the diseases and functions of the alimentary canal or, in fact, of many other organs.

The treatment of all diseases even to the most learned, is more or less rational experimentation, I am almost tempted to say rational empiricism. We are, however, fully justified in our practice in expecting and obtaining good results, though we are never justified in being certain or in making a positive statement to our patients. Medical science is not an exact science. We can congratulate ourselves that we fail so rarely in accomplishing the end we have in view, and in accomplishing the results we anticipate; hence we are more impressed by failures than successes, the latter being taken as a matter of course.

The rapid advances in therapeutics are not fully realized; with the advancing knowledge of materia medica, we can hope to accomplish much more in the near future. On the other had, blind faith in the action of medicine is preposterous. It implies capabilities that drugs do not possess, and is characteristic of ignorant and half educated humanity.

Uterine therapeutics is attracting special notice. Unfortunately we have but few drugs that are satisfactory in their action in the diseased and functional disorders of this organ. It is to call the attention of the profession to a preparation. (Dioviburnia) that I have written this communication. It is an admirable, and, in a general way, is the very best I have used in the various

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functional disorders and diseases of the womb. There is scarcely an ache or pain in the pelvic region, a disturbance of menstrual function, that will not be benefitted by its use. I trust the REVIEW will, through its wide circulation, make the profession acquainted with Dioviburnia. I almost invariably prescribe it in the beginning of treatment in my gynecological practice. The patients appreciating the good effect desire to continue its use. It in no way interferes with other treatment and is an excellent general tonic as well as possessing almost specific action on the uterus and its appendages regulating the functions and necessarily relieving pain and nervous irritability.

In the many years I have practiced I have always been slow to encourage proprietary compounds but having used the component parts of this medicine separately and combined for a long period before this product was offered to the profession, I employ it almost exclusively.

One point to note in connection with these diseases, and it is one which should be observed in the treatment of all cases of uterine disorder is the absolute necessity of examining every patient. The history of the patient and her description of the symptoms can never be as satisfactory as an examination made in the proper manner and thoroughly. Such an investigation will reveal more to the practitioner than all the descriptive power of any patient, and he will be thereby placed in a position to treat all of his patients in a proper and successful manner. M. YARNALL, M.D.

St. Louis.

Perforations in Lesser Peritoneal Cavity.—Dr. Weller Van Hook gives the following as his conclusions in reference to this subject (*Jour. of Mat. Med.*):

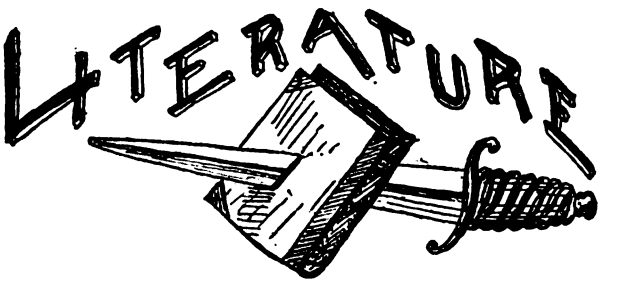
1. When the stomach is distended a penetrating wound from in front may open the posterior, *i. e.*, the retro omental without injuring the anterior wall of the stomach.

2. In all wounds of the anterior wall of the stomach we should examine the posterior wall by palpation through an artificial opening in the omentum.

3. The insufflation of gas into the smaller peritoneal cavity through a perforation of an adjacent viscus does not yield diagnostic information distinctive of injury to that cavity prior to laparotomy.

4. In the treatment of such injuries the gastro-colic omentum should invariably be opened for the purpose of cleans ng and for examination, if not for convenience in closing perforations.

5. Wounds of the meso-colon should be studied from the side of the lesser peritoneum as well as from that of the greater peritoneum to insure the discovery of the perforation, fecal extravasations and hemorrhage.



The Muetter Lectures on Surgical Pathology. Delivered before the College of Physicians and Surgeons of Philadelphia, 1890 91. By ROSWELL PARK, A.M., M.D. 8 vo., pp. 293—viii. Reprinted from the *Annals of Surgery*, Vols. XIII, XIV and XV. [St. Louis: J. H Chambers & Co., 914 Locust St. 1892. Price $3.00.

The author of these ten lectures requires no introduction from us. He has made and sustained a reputation as a surgeon, and pathologist second to none. At the time these lectures were published they awakened interest and made an impression upon the surgical world whose results are still felt. The author made no attempt to follow any systematic outline but rather to deal with the newest phases of old and familiar doctrines. Not only this, but he has taken into consideration certain subjects not dealt with in works readily accessible to the general practitioner.

Much of the matter which the author has gleaned and dressed, has never before been presented in an English form, and, on this account, the value of the work is in the very nature of things enhanced for those who have not had an opportunity of becoming familiarized with the works of foreigners. Much of this material will be of a novel character to quite a respectable number, and the originality of the work as well as the clear explanations given of many pathological conditions cannot but fail of being interesting.

Of course, the author announces certain views which are still *subjudice* and in addition he formulates opinions with which we might take issue. This, however, far from detracts from the value of the work. In fact, it is rather an advantage in so far as it furnishes food for thought to the careful reader.

We congratulate the publishers upon the work which is neatly gotten up; and, furthermore, they certainly deserve the thanks of the medical profession for having placed this valuable material in such a form as will render it permanent. Certainly no surgeon can afford to be without a copy.

The Keeley Cure.—Dr. Chas. A. Dana, of New York, declares that the famous Keeley cure does not and cannot cure a case of true inebriety (*Nat. Med. Rev.*). He is inclined to believe that strychnia is the basis of the Keeley cure. It is probable that all good that may come from this cure is due to the strychnia.

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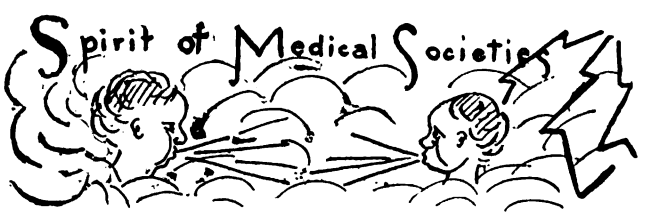

St. Louis Medical Society.

A stated meeting of the St. Louis Medical Society was held Saturday night, April 9, President Walter Coles, in the chair.

The Library Committee reported that they had, through the efforts of one of their Committee, received a congressional report of Dr. Shakespeare's research in regard to cholera. The report not being bound, Dr. Johnston suggested that it be bound in two volumes.

Dr. W. F. Thornton presented the name of Dr. Charles L. Frankel for membership. Dr. Henske presented the names of Drs. G. M. Wagner, S. Klein, and F. Ring for membership. No other committees reported.

Dr. W. F. Thornton, who was expected to read a paper on "The Treatment of Accidental Injuries of Joints," asked the indulgence of the Society for a week as he did not have the specimens to display and preferred to wait until he could produce them.

Dr. Riesmeyer who was to follow, was not present, and Dr. Thornton reported a case of accidental injury to the hip joint in which amputation was accomplished.

Dr. Gregory said he was glad that his experience was limited in such cases; but that he thought a resection would have been preferable, at least saving the limb if possible.

Dr. Meisenbach said that a temporary or primary ligation would have been all that was necessary. It was often used in hip and shoulder amputation.

Dr. Broome recalled Wyeth's figure of eight procedure and thought it efficacious.

Dr. Thornton called attention to the peculiar circumstances surrounding his case and the utter inability to perform a resection; although, even if possible, he would not have thought it justifiable. He agreed with Dr. Meisenbach in regard to primary ligation.

Dr. Bremer next reported a peculiar and instructive case in which the patient being unable to stand or walk, but yet having perfect control of the muscles while reclining. There were no objective symptoms and the knee reflex was perfect. He called attention to the various forms of hysteria and he thought that in this case the attack was hysterical and a good field for "suggestive" or hypnotic treatment, there being no lesion that could possibly be detected. The doctor also raised the question whether any member had ever seen, unquestionably, paralysis or serious spasms following or having a causal relation to paraphimosis or clitoridal disease, cases in which this was the sole cause. He did not believe it possible.

Dr. Broome made some remarks in regard to the peculiar manifestations of reflex action and recalled the history of a murderer who suffered from paraphimosis; but as to whether this was causal or not he could not say.

Dr. Meisenbach recalled a case in which the operation of circumcision removed entirely the symptoms of what appeared, casually, to be hip-joint disease; the symptoms, as he believed, being reflex.

Drs. Hurt and Johnston agreed with the others; that such extensive lesions did not follow from such causes.

Spasmodic Torticollis.—Mr. Atkin showed the Sheffield Medico-Chirurgical Society (*Lrncet*) a woman with spasmodic torticollis, for whom six months before he had excised an inch of the left spinal accessory nerve. The relief afforded by the operation was immediate, the patient eating and sleeping better than she had done for months. Unfortunately the symptoms gradually returned in seven weeks' time. The muscle, though weakened, was by no means entirely paralysed by the operation. The cervical nerves were evidently affected as well as the spinal accessory. The only assignable cause of the affection was trouble, the patient being a widow and having a large family to support.

Subperitoneal Hysterectomy.—Dr. Heywood Smith read a paper on subperitoneal hysterectomy, or, more fully, the intrapelvic treatment of the stump in cases of hysterectomy before the British Gynecological Society (*Brit. Med. Jour*). After reviewing the various methods, and quoting from the several operators who had adopted the intra abdominal treatment, he quoted in detail those of Dr. Goff, of New York, and Mr. Milton, of Cairo, who reflected the peritoneum from the lower portion of the tumor, tied the uterine arteries separately, and sewed the reflected peritoneum over the cervical stump. He then described three cases operated upon in a similar manner. The main points in the operation were: 1. To make the peritoneal flaps sufficiently large, because they could be reduced but not added to. 2. To secure every bleeding vessel, if possible, separately. 3. To lace the whole pelvic peritoneal wound with an uninterrupted suture of chromicised catgut, taking care that Lembert's stitches were used over the uterine stump, so that it was entirely sealed with peritoneal covering. The chief points of discussion were: (1) Should a drainage tube be used? This appeared urnecessary if all vessels were properly secured. (2) Should the cervical canal be destroyed? He considered it best to leave it pervious, so that if suppuration occured drainage could take place. He was convinced that the subperitoneal treatment of the stump would eventually supersede the extraperitoneal treatment with the clamp.

Now is the time to subscribe for the **Weekly Medical Review.**

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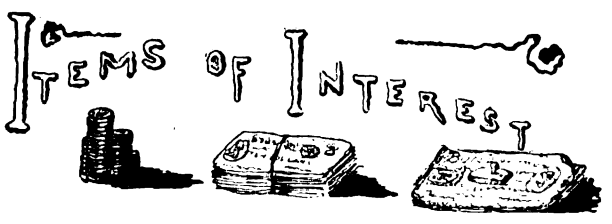

A Bill has been reported to the Senate "to establish a hospital and home for inebriates and dipsomaniacs in the District of Columbia."

The Medical News, of Cincinnati, has discontinued publication owing to the death of Dr. J. Thacker who was its editor and publisher.

An Exhibition of Electro-Therapeutic Apparatus will be opened at Milan in May in connection with the Medical Congress which is to meet there at that time.

The Woman Physician, according to one of them, will find a wide and fruitful field for her activity and, if she be as knowing as her brother-doctor, her practice will not long be confined to diseases of women and children.

Rough.—

In the spring the medical colleges
Turn out scores of young M. D.'s,
Yet the people fear their knowledge is
Quite as fatal as disease.

His Third Set of Teeth.—David Southerland, of Seymour, Ind., a hearty man of 74 years, shed his last tooth several years ago. Recently he has complained of a peculiar soreness of his gums, and he has just finished "cutting" his third complete set of teeth.

The Rangoon Hospital can boast of a Royal Princess among its lady medical students. A Myingdine princess, granddaughter of the late Mindoon Min, King Theebaw's predecessor, is qualifying herself to practice medicine among her fellow countrywomen, the Burmese. She, with other members of King Mindoon Min's family was rescued from captivity by the British occupation of Burmah in 1885.

Surgical Dexterity.—Much interest is taken at all times by the general practioner in the progress of surgical technique and the following is perhaps unsurpassed as an instance of dexterity on the part of an operator. Prof. Bernays, of St. Louis, not long since performed a laparotomy, removing both ovaries, and completed the operation in six minutes. He recently did a feat which ranks with Paul Morphy's best work. He performed a Chopart's amputation on a cadaver, blindfolded—the result being as perfect as could be accomplished.

New Chemical Laboratories in Germany.—A new chemical laboratory is about to be built at Wurzburg for Professor Emil Fischer at an estimated cost of 600,000 marks (£30,000). The new laboratory now in course of erection for Professor Victor Meyer at Heidelberg is expected to be ready for work on May 1st.

Poisoning by Barium Chloride.—At an inquest held by Mr. Braxton Hicks on a girl in the service of Mr. William Johnston, public analyst for London, it was shown that a dose of barium chloride was administered to the girl by the lady of the house in mistake for Carlsbad salts. She had taken about 150 grains. The evidence showed that vomiting commenced in twenty minutes, and death ensued four hours and a half after taking the dose.

Fever Epidemic at New Guinea.—Reports have been received of a serious loss of life at German New Guinea through an epidemic of fever which had broken out there, the victims including the entire crews of two English vessels. The malady manifested itself chiefly at the port of Friedericksbaven. It was thought that the fever was caused by the quantity of rotten coral and undergrowth which was brought to the surface when the land was being cultivated.

An Advertisement, of which the following is a free translation, recently appeared in a Belgian newspaper:—"Wanted, a gentleman, of robust appearance, and pleasant manners, to attend daily for a few hours in the waiting room of an eminent medical man, and assume the character of a successfully treated patient. Terms liberal.—Address, etc." The *Hospital Gazette* commenting on this says: Consulting room "dead heads" are an old and venerated institution in West End medical circles, and are highly valued by those who make "the diseases peculiar to women" specialty.

Assistants at St. Louis Hospitals.—The results of the examinations of applicants for the positions of assistants at the Female and City Hospitals have been announced. The following appointments were made:

Assistants at the City Hospital—Harvey S. Crossen, St. Louis Medical College; Wm S Deutsch, Missouri Medical College; Owen A. Smith, St. Louis Medical College; Ben Shanklin, Marion Sims College; Rudolph Scheafer, St. Louis Medical College; Gustav B. Schultz, Beaumont College; Sebastian Joseph, Beaumont College, and Max Goldstein, Missouri Medical College. First assistant at the City Hospital, Dr. David Nowlan; senior assistants at the City Hospital, Dr. H. H. Born and Dr. John P. Stack.

Assistants at the Female Hospital—Drs. Otto L Von der Au and John Kinsworthy of Beaumont College, and Arthur H. Bradley of Marion Sims College.

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Strychnine is used as an antidote for snake bite in Australia.

Dr. John D. Godfrey, a retired physician, of Towanda, Kas., was recently killed in a tornado.

To Dr. Wilson Fox, of London, belongs the honor of first "bringing back to life," a patient whose temperature registered 110° Fahrenheit, by means of the continuous cold bath, in a case of typhoid fever.

The Bureau of Health, of Pittsburg, Pa., has brought suit against a number of well-known physicians for failing to report, according to law, the births occurring under their care during the last quarter of 1891.

Electrocution being so uncertain, so horrible and so costly, is to be abolished in New York. The legislative committee will report favorably a bill to that effect, and the old-fashioned hanging will be substituted. Hemp is cheaper and more effective.

The German Parliamentary Commission on Education unanimously decided on March 12th to submit to the Government for consideration the petition of the various women's associations in Germany, asking for the admission of female students to the universities.

A New Medical College is to be opened in Columbus, Ohio, in September next. It is to be a department of the Ohio Medical University. We understand that Dr. R. H. Reed will hold the chair of surgery in all of its departments. Recitations and clinics will constitute the method of instruction.

The Two Schools.—A petition is being circulated asking the Legislature to enact by appropriate legislation that the State patronage in public institutions shall be divided, so far as the medical staffs are concerned, between physicians of the Allopathic and Homeopathic schools of medicine says the Newport, Ky., *Journal* (hom.). The Allopathic school claims vigorously to be the regular school of medicine; but it is so only to the extent that my doxy is orthodox and your doxy is heterodox. There cannot be a school of medicine established by State authority any more than there can be a State religion.

The difference between the two schools is not so great as some people may imagine. In fact, the difference would be difficult to determine absolutely; for in these latter days the Allopath neither burns, blisters nor bleeds as did honest old Dr. Sangrado, nor does the Homeopath believe with Hahnemann that the efficacy of the drug is increased in potency as each trituration brings it nearer the millionth; and the *similia similibus* battle cry is hidden away in a closet with the other skeletons to do parade duty at annual dinners.

An Original Ad.—The following clipping from a lay paper of Chicago is a foreboding of the World's Fair.

WANTED—WASHING, 24c DOZEN; SHEETS, pillow-cases ironed; others washed; *pure quinine pills, 8c. dozen*; oil, 7c; bread, 4c; rolled oats, 3c; milk 4c; all soap, 4c; pies, 10c. 11 Center Ave., near Madison Street.

Keith, of London, may be mentioned as an exception where a gynecologist of large experience, thoroughly studied the treatment of electrical treatment of tumors, etc., and wrote: "What I now plead for is, that for a time all bloody operations for the treatment of uterine fibroids should cease, and that Apostoli's treatment, as practiced by him, should have a fair trial." Evidently, few are able be treat fibroids as he in a short while.

Apoplexy in the Jury-Room.—The queen of Spain, it is reported, once fell off her horse. Her foot became entangled in the stirrup, and she was dragged in the muddy road. None of the officials near by could help her, for it was the sole privilege of the master of the horse to assist the queen to dismount, and this public functionary was absent. History repeated itself (*Physician and Surgeon*) in the case of the Fox will case recently tried in Boston. The court had been adjourned and the jury were deliberating on the verdict. One of the jurors was seized with apoplexy. The officer guarding the sanctity and secrecy of the jury-room was not empowered to grant admission to a physician so he sent word to the deputy sheriff. The deputy hesitated, but finally referred the matter to the sheriff. The sheriff declined to act and sent couriers to the judge, and he finally issued an order summoning a physician.

Killed by Christian Science.—The following was telegraphed from Chicago April 2nd last: When Mrs. Jennie Nichols, a widow, aged 35, died to day after a week's illness, the police promptly arrested Mrs. Stebbins a so-called Christian Scientist who has been in attendance. Others associated with Mrs. Stebbins in the affair would, it was reported, be also taken into custody. Last night Mrs. Nichols' fellow-boarders learned that she was in a dying condition and that no physician had been called. They notified Police Lieutenant Healy, who with Dr. Van Pelt and two officers, immediately went to the woman's room. The Doctor was refused admission by Mrs. "Scientist" Stebbins, and by Mrs. Nichols' sister, Mrs. Winifred Jones. Entrance was forced, however, and the poor sufferer found swollen to twice her natural size. Mrs. Stebbins, in handling the case, had as an assistant Mrs. Noyse, who is known as a "silent helper." The Stebbins woman was graduated in "Christian Science" by the noted Mrs. A. B. G. Ordy of Boston.

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It is claimed by good authority that two infectious diseases can exist in the same person at the same time.

A Medical Director of a large London life-insurance company says the influenza has cost the company two and a half times as much as the cholera epidemic in 1842.

The Medical Society of North Carolina has changed its date of meeting to May 17, one week earlier than previously announced. It will take place at Wilmington.

Some Microbian Crank has stated the idea, says an exchange, that the beard is a prolific source of infection, and it is said that whiskers are disappearing from the faces of doctors. Why not shave the head in order to become aseptic? It would seem a good time for bald heads to be the fashion.

New Punishment for Stealing Green Fruit.—The *Pall Mall Gazette*, in a recent issue, tells of a lawyer from whose orchard some unripe pears were stolen by two small boys. The offenders were brought before a magistrate and he imposed a punishment not known to the law of England. Instead of a fine, he directed that they should finish the consumption of the unripe fruite in question, and expressed the hope that "they would make their stomache ache."

Expert Testimony is commented on as follows by the North Carolina *Medical Journal:* Professional partisanship would be a better term to designate many of the cases of so-called expert testimony which come to public attention occasionally. We believe the time is fast approaching when there will be reformation in the practices of the courts as regards experts, and nothing is hastening it faster than the surprising and inconsistent attitude of so-called experts themselves.

Fashion prevails even in dying. A few years ago an original man died in Chicago, says an exchange, and left a few million dollars for a free reference library for the city. After ten years of delay, there is a very poor showing. The money has grown in the hands of the trustees. But very little of it has got out of their hands for books. Not long ago another man died possessed of a few millions which he devotes to the same noble purpose. We may feel reasonably certain that in the next century our descendants will have enough to read

In marked contrast to this, we notice the moderate gift of the Standard Oil magnate. It is hardly a year since the first gift was received by the Chicago University. Now there are two buildings under way. There are a large number of schools opened. There is a large and valuable library ready. This ought to put our two libraries to shame. This ought to make the Lewis Institute of Technology to blush. Evidently something is wrong. Is it possible that there is a perversion of these trusts?

Chloride of Ammonium is said to be an agent which has the quality of "sobering up" an individual rapidly.

Artemus Ward thought that a doctor is a flat fool to begin his practice by proclaiming his entire biography.

Dr. A. B. Richardson has resigned his position as one of the trio of editors of the *Lancet-Clinic*, having been appointed superintendant of the Columbus, Ohio, Insane Asylum.

Clearing up our Nosology.—Dr. G. M. Giles, of India, has done a valuable work in clearing up some errors regarding a certain endemic disease of Ceylon, Assam (*Med. Rec*). He finds that the so called beriberi, or infectious neuritis of Assam and Ceylon, is not a neuritis but an infection due to the presence of anchylostoma duodenalis, or, as he terms it, an anchylostomiasis. Another local name for it is "kala-azar."

The *Commercial-Gazette*, of Cincinnati, has established a medical department in its paper, under the charge of a medical man. The *Lancet-Clinic* regards this as a very good move, because it will give the public an opportunity to see how matters are regarded from a medical standpoint. We trust the "medical editor" will give the public a correct idea of what honorable practitioners of medicene aim to accomplish, and the reasons therefor.

Another Swindler.—A swindler who claims to be an old schoolmate of Dr. A. P. Gerster, of New York, is calling on physicians, selling what is claimed to be a gas burner of his own invention, and after receiving the money therefor departs, with a promise to deliver the goods, which of of course he neglects to do (*Ex*). He has been practicing in this way in many towns, probably claiming acquaintance with other prominent gentlemen in different localities, in order that he may gain an audience.

A Lucid Prescription.—We are interested in the treatment of dandruff (whatever that may be) and we would like to have an elucidation of the following prescription which appeared in *Notes on New Remedies* (vol. iv, No. 10, p. 124):—Resorcin in Dandruff.—According to Dr. Stevens, in the Texas Sanitarium, persistent dandruff is soon relieved by the use of resorcin, when applied to the scalp in the following combination:

℞ Resorcin
Olive oil
Sulphuric ether, - - aa 3 parts.
Alcohol, - - - - - - ℥vjss.
M.

Sig.: Shake well, and apply to the scalp by a bristle brush, the head to be well washed with soap and warm water twice a week.

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An Article in the London *Quarterly Review* states that while only 600 registered medical practitioners die each year in England, there are 1,200 added each year. The death rate having also largely decreased, and sickness in proportion, competition is exceedingly severe, so that for a position, the salary of which was $500 a year, forty-five well qualified candidates applied. The average income of the profession is said to be $1,000 per year, and it is declared that it will take an average man twelve years to reach that figure. To obtain a place in the highest rank is supremely difficult.

An Ingenious system of fraud, of which patent medicine proprietors, brewers, and, above all, distillers, are the victims, has been discovered in Egypt (*Ex*). The fraud is far more astutely accomplished than in the imitations of labels and capsules. In the littoral it is a common practice for a merchant to obtain the best brands of spirits, especially brandy, and the cunning knaves bore by some means a small hole in the bottom of the bottle, and take out the liquor. Then the bottle is filled with the vilest stuff imaginable, and the hole is sealed up in a way that the most wary traveler would never dream of suspecting. This operation is performed without the use of false labels or capsules, and the purchaser is thus deceived before his own eyes. To such an extent has this fraud been practiced at Suakim that the English Consul has given instructions for the most careful examination to be made of all imported spirits in bottles.

An Indian Fakir.—An account of the "performances" of the Indian fakir Solimen ben Aissa is supplied by the *Lancet* correspondent. The exhibition has very properly been forbidden in public places in Vienna, but a series of private entertainments has been arranged. An aristocratic audience was present at the first of these, Professor Mosetig Moorhof representing medicine. The fakir commenced his performances by inhaling the fumes of a burning powder prepared from the extracts of snake and scorpion poison, and certain quick movements of the head produced a foaming at the mouth. After these preliminaries, needles and other sharp instruments were thrust through various parts of his body, including a stiletto a foot long and a half an inch broad, which was thrust through his tongue. Another feat which is said to have caused a great sensation consisted in pulling forward the eyeball and presenting it outside the orbit, to the view of the audience, between two fingers. He was "invulnerable" also to the heat produced by a flaming torch held for a minute and a half against the under surface of his forearm. After chewing glass and playing with poisonous snakes the fakir nearly fainted, but speedily recovered his good spirits. The recital of these feats recalls the excitement that was caused in London many years ago by the similar so-called "experiments" of M. Chaubert, the renowned fire king, who was so completely exposed.

Freeman, the historian, besides his many other illogicalities, was an antivaccinationist. He has just died of smallpox.

Judge Buck of the Montana District Court No. 2, has in the case of Craig vs. the State Board of Examiners, reaffirmed the right of the board to require an examination.

Trichinosis in Coleraine, Mass.—The epidemic of trichinosis which was reported a few weeks ago from the town of Coleraine is at an end, the last victim having died of the disease. There were in all four deaths, and about forty cases, most of which occurred in one large tenement block. An examination of the muscles of the case which has recently died showed them to be filled with trichinæ.

Danger from Fumigation.—In a small town, not many miles distant, (*Bost. Med. and Surg. Journ.*) a house was found to be on fire a short time after it had been fumigated. The following explanation, given at the investigation as to the cause of the fire, is an extract from the local paper: "The doctor thinks the fumes drove the rats from their holes, and becoming blinded, they jumped into the pan of burning sulphur, which adhered to their skins, and the rats returning to their holes, carried the blazing sulphur on their backs, thus setting the house on fire."

Impregnation of One Sexual Pervert Female by Another.—Duhousset (Moll's "Contrare Sexualempfindung") reports the case of two sexual pervert females which come under his observation (*Med. Stand.*). One of them at length married but kept up her relations with the other. The unmarried female had an enlarged clitoris by which coitus was performed. The unmarried pervert became pregnant to her own astonishment. The matter was later explained by the admission of the married pervert that, immediately after coitus with her husband, she had indulged with her "friend," who thereby impregnated herself.

A Good Russian Physician.—*Le Progres Medical* reports the case of a large-hearted Russian practitioner, residing in the famine stricken district. Visiting the sick of his locality, the doctor found that in many instances the sickness was largely caused by hunger (*Jour. Am. Med. Ass'n*). For the most needy he wrote out prescriptions, calling for "six pounds of pure rye flour in doses of two pounds per diem." He ordered his patients to get the medicine at the drug store of the nearest village or town, where it would be obtainable for the sick free of charge to them. The worthy doctor made arrangements with the druggists to supply the flour at his expense. In this way the sick of his district will be kept from dying by sheer starvation.

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The American Climatological Association will hold its meeting at Richfield Springs, New York, June 23, President, Dr. Willis E. Ford, Utica, N. Y.; Dr. J. B. Walker, Secrectary, 1617 Green street, Phila.

Death from Anthrax.—A case of death from anthrax having some interest from a causal point of view recently occurred at Greenwich. At the Guarantee Manure Works a laborer who was employed in lifting bags of manure met with a slight abrasion of his arm. The limb began to swell, and the patient died on the fourth day after the accident, in the Seamen's Hospital. At the inquest evidence of anthrax was given, and the coroner's jury returned a verdict of "Death from anthrax from working in a manure factory."

Action Against Mr. Lawson Tait.—A contemporary announces that an action against Mr. Lawson Tait is down for hearing at the present Manchester Assizes, in which three Manchester surgeons claim damages for libel under the following circumstances. A woman with a large fibroma of the uterus was treated by the plaintiffs at the Royal Infirmary, by Apostoli's method. This apparently did not effect a cure or even afford any tangible relief, for she subsequently passed into Mr. Tait's hands, who operated *sui generis*, and she died, not necessarily in consequence, but in spite of, the operation. Mr. Tait attributed the unfortunate issue largely to the previous treatment by electrolysis, and he incorporated his views on the subject in a letter addressed to the husband of the patient. It is contended that such observations were utterly without foundation, and that they were very prejudicial to the professional reputation of the plaintiffs.

"Dr." John Malok, of Chicago, is to be commiserated (*Med. Standard.*). He incorporated a "German-American Homeopathic College" at the lavish expenditure of $6.50. The college was opened with prayer and located over a beer saloon.

"The spirits above were spirits divine.
The spirits below were spirits of wine"

Soon after the "opening" of the "college" these spirits malign began to persecute him. They inserted advertisements in Berlin (Ger.) papers offering diplomas cheap. Through their machinations a midwife deposited $400 with the college as a fee for a professorship which somehow disappeared. The German advertisements caused the deposit and disappearance of $100 which a deluded man says he paid to "Dr." Malok, but the latter claims to his malign enemies. This "truly good" man has been sued for several similar disappearances of cash. The college is defunct but the hand of the law is lifted threateningly over "Dr." Malok who will probably never get another Hahnemaniac diploma nor give one.

Doctors are men and the following, from an exchange, seems to point to some: Man born of woman is of few days and full of schemes to get his name in print.

Nothing so quickly restores tone to exhausted nerves and strength to a weary body as a bath containing an ounce of aqua ammonia to each pail of water. It makes the flesh firm and smooth as marble, and renders the body pure and free from odor.

A Scientist declares that the soul is the oil of the hair. This is pretty hard on the bald headed men.—*Somerville Journal.* Whether this is so or not, all bald-headed men trample their soles under their feet.—*Ex.* The conclusion is evident that barefooted men should oil their hair.

Another Keeley Victim.—William Zell, a well known carpenter of Omaha, Neb., decided to quit chewing tobacco, and with that end in view began taking the Keeley tobacco cure, March 15, last. He never drank or smoked, but chewed only. He was a healthy man, and no one thought such treatment would injure him. He quit work an hour earlier March 29, and went home, dropping dead just as he entered the door. The physicians who were summoned pronounced his death due to the medicine he was taking. Upon being notified the Coroner held a post mortem, and intends to thoroughly investigate the treatment and its effect. It is thought this will cause trouble for the whiskey cure.

Pan-American Medical Congress.—The following are the special regulations of the first congress:

1. TIME AND PLACE OF MEETING.—The First Pan-American Medical Congress shall be held in the City of Washington, D.C., September 5, 6, 7, 8, A. D. 1893.

2. REGISTRATION.—The Registration fee shall be $10,00 for members residing in the United States, but no fee shall be charged to foreign members. Each registered member shall receive a card of membership and be furished a set of the transactions.

3. ABSTRACTS, PAPERS AND DISCUSSIONS.—Contributors are required to forward abstracts of their papers, not to exceed six hundred words each, to be in the hands of the Secretary-General not later than the tenth of July, 1893. These abstracts shall be translated into English, French, Spanish and Portuguese, and shall be published in advance of the meeting for the convenience of the Congress, and no paper shall be placed upon the programme which has not been thus presented by abstract. Papers and discussions will be printed in the language in which they may be presented. All papers read in the Sections shall be surrendered to the Secretaries of the Sections; all addresses read in the General Session shall be surrendered to the Secretary-General as soon as read; and all discussions shall be at once reduced to writing by the participants.

4. INCORPORATION.—The Chairman of the Committee

on Organization shall cause the Congress to be incorporated under the laws of Ohio, and fifteen trustees shall be elected in accordance therewith, who by by-laws and through the Executive Committee shall supervise all receipts and disbursements by the Treasurer in accordance with the laws of Ohio. The President, Secretary General, Treasurer, the member of the International Executive Committee for the United States, and Chairmen of Sections shall be ex-officio members of the Board of Trustees.

5. Foreign Nominations.—All nominations by the International Executive Committee must be in the hands of the Chairman of the Committee on Organization by June 1, 1892, and in default thereof the Committee on Organization shall elect officers for Countries thus delinquent.

6. The Organization of Sections.—The officers of each section shall consist of——Honorary Chairmen, who shall be residents of the constituent countries of the Congress; one Executive Chairman, who shall organize the work of the Section, direct its deliberations, and deliver an inaugural address at its opening session; one English-speaking Secretary and one Spanish speaking Secretary, residents of the United States, who shall co-operate with the Executive Chairman in conducting the correspondence of the Section; and there shall be one Secretary for each Section, resident in each additional constituent country of the Congress.

7. Domestic Auxiliary Committee.—The Auxiliary Committee for the United States shall be elected by the Committee on Organization and shall consist of one member for each local medical society, or, in the absence of medical organization, then one in each considerable center of population, which Auxiliary Committee shall co operate with the Committe on Organization and with the General Officers in promoting the welfare of the Congress. Nominations for the Auxiliary Committee shall be made by members of the Committe on Organization, each for his own State, except that in the failure of any member to make such nomination by January 1, 1892, or in the inadequacy of the same, the Chairman of the Committee on Organization shall supply the deficiency.

8. Executive Committee.—The Board of Trustees shall designate seven members, including the President, Treasurer, Secretary General, and members of the International Executive Committee for the United States, who shall comprise an Executive Committe which shall transact all business of the Congress *ad interim* in accordance with the By-laws adopted by the Board of Trustees.

9. Amendments.—Amendments to these Regulations can be made only by the International Executive Committee on a majority vote, ten members constituting a quorum, at any meeting of the Congress.

Pursuant to the Laws of Ohio and the Regulations adopted as above, and in accordance with nominations by the Committee on Permanent Organization, the Incorporators elected fifteen Trustees.

Oxalic Acid.—Dr. A. W. Marsh prefers this remedy to all others in amenorrhea (*Med. Bull.*). He has also found it of value in acute cystitis. He orders it thus:

℞ Acid. oxalic., - - - - gr.xvj.
Syr. aurant. cort., - - - - ℥j.
Aq. destil., - - q. s. ad. ℥iv.
M.
Sig. Teaspoonful every four hours.

Tape Worm.—Dr. T. W. Shaw, of Pittsburgh, advises (*Ex.*):

℞ Kamala, - - - - - - ℥j.
Ethereal extract male fern, - ℥ij.
Syr. acaciæ, - - - - - ℥j.
M.
Sig. To be given in two doses, one-half on rising in the morning, and the other half two hours afterward. A dose of castor oil to be given one-half hour after the last dose.

Alterative Mixture.—Dr. R. A. McLean, San Francisco, in hospital and clinical cases, prescribes the following as a standard alterative mixture (*Occ. Med. Times*):

℞ Bichloride of mercury, - - gr. vj.
Iodide of potash, - - - ℥j.
Liq. potasii arsenitis, - - - ʒvj.
Fluid extract of senna, - - ℥ij.
Syr. of ginger, - - - - ℥iv.
Water ad., - - - - - ℥xij.
M.
Sig. Teaspoonful three times a day.

Coccydynia.—The following suppository employed at bedtime will afford relief from the pain of coccydynia and permit sleep says Whitla (*Med. News.*)

℞ Ext. belladonnæ, - - - gr. ¼.
Ext. hyoscyami,
Iodoformi, - - - - aa gr. ¾.
Ol. theobromæ, - - - gr. xx.
M.

Fermentative Dyspepsia.—Dr. W. B. Richardson uses the following (*Asclepiad*):

℞ Solut. hydrogenii peroxidi (10 vols.), ℥ijss.
Spiritus vini rectificati, - - ℥iij.
Ol. creasoti, - - - - - - ♏vj.
Glycerini puri., - - - - ʒvj.
Aquæ dest., - - - - ad ℥vj.
M. Fiat mistura. Dose one ounce.

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To the Chiropodist frankness is the most admirable of human characteristics; he delights in hearing men acknowledge the corn.

No Terrors for Him.—"My friend, I am sorry to see you in your present state. Turn aside before it is too late. Do not the horrors of delirium tremens terrify you?"

"Delirium tremens be hanged! I married a snake charmer."

With all Her False, Etc.—Mr. Saply.—I have a dreadful toothache, Miss Mabel. Are you ever troubled with that ailment?

Miss Mabel (blushing deeply).—No, indeed.

Mabel's Little Sister (aged 5).—You wouldn't either, Mr. Saply, if you took your teeth out like sister does.

"Are You the Judge of reprobates?" said Mrs Partington as she walked into an office of a judge of probate. "I am the judge of probate," was the reply. "Well, that's it I expect," said the old lady. "You see my father died detested and he left several little infidels, and I want to be their executioner."

Positive Proof.—An Irish woman who was suing her husband for a divorce, on the grounds of infidelity, made the statement that she had positive proof that her husband had been untrue to her.

When asked by the Judge what was her proof she replied, "O'im shure he is not the father of me last choild."—Next.

Gone.—He was a bright, brave youth, and his admiring friends prophesied he would make a noise in the world some day, and he did. His one mad ambition was to force the hand on the gauge of the gas generator right up against the small brass pin at the top. One day he managed it, and completely ruined a ten-gallon copper cylinder. His funeral was attended by every drug apprentice in the city.

Josh Billings on Doctors.—Doktors are not all quaks; you hav got wrong noshuns about this. Doktors, lawyers, and ministers hav a hard row to ho; they hav to deal with kredulity, knavery and fears of the people—three of the most difficult traits in human natur tew handle. If i was a doktor and understood my bizzness, i should doktor my pashunts, and let the disease tak care of itself. More folks are cured this way than enny other.

Steam Heating.—The deadly car stove isn't in it with the patent steam heating apparatus for warming passenger trains, says the Sioux City *Journal*. One of the latter in a Santa Fe train exploded, killing two people and injuring several others. When the grade crossing, the link and pin coupler and the car heating apparatus are applied to the uses of modern warfare the problem will be solved. The point of total annihilation will have been reached.

A Short Line.—The shortest railroad in Missouri, says the Kansas City *Times*, runs from Greenfield to Mount Vernon, a distance of six miles. This line is the property of T. E. Miller, who proposes to ally his road with the Kansas City Southern from Osceola, thus making it a north and south system of some note. The little road is fully equipped with all of the improvements known to modern railroading, including joint coupon ticket with the Memphis system, with which it connects.

An Old Time Table Discovered.—An interesting railroad relic was being exhibited to a group of officials at the Baltimore and Potomac station, says the Washington *Post* It was a time table of the Philadelphia, Wilmington and Baltimore road, between Philadelphia and Baltimore, for the year 1854, and afforded a curious contrast as compared with the present business of that road. There were only eight trains for each day of twenty-four hou s between the two cities, and this number included all the freight trains. The passenger train that left Philadelphia at 8 o'clock in the morning for Baltimore reached the latter city at 1:30 in the afternoon, and this was the fastest time on the schedule. Trains now run on regular schedule between Washington and New York in about the same time that it used to occupy in travelling between Philadelphia and Baltimore.

American Trains Faster Than English.—A comparison between the runs made by the Empire State Express and those made on English roads shows that the American train is the faster. The Buffalo *Courier* compares the English and American roads thus: From New York to Buffalo, 439½ miles, the run is made by the Empire State in eight hours and forty minutes, an average of 50.71 miles per hour, including stops, and the engine draws a train weighing about 175 tons. From Euston to Perth, Scotland, 450 miles, the run is made in nine hours and fifty minutes, with an average of 45.76 miles, including stops, weight of train 80 to 130 tons. From King's Cross to Perth, 439 miles, the run is made in nine hours and fifty five minutes, with an average of 44.72 miles per hour, including stops, by a train of about 130 tons.

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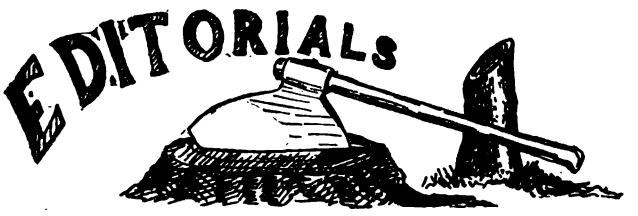

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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The Physician as a Political Economist.

To him who has read Adam Smith's "Wealth of Nations," political economy is one of the most fascinating of studies. It is a science which deals with the problems of daily life, with the circumstances continually surrounding us, and with modes and methods of practical application to our environments. It is not only a dry consideration of the laws of supply and demand, of free trade and protection, but it is something which deals with the human and all things human. It considers within its field many of the subjects which are the proper study of the sociologist and, in fact, it is a microcosm of principles applicable to those things which go toward placing man in the position which he occupies. The applications of the principles of political economy can be daily seen on all hands. They are made by those who not only have no idea of the existence of such a science but who would not know what was meant were the same mentioned to them. We find that what is called experience by many consists solely of a gradual acquirement of some of these principles through actual occurrences and through long periods of observation. It is merely an example of how certain modes of thought require years to be accomplished when the methods are of a certain kind, and hours when of a different order.

The political economist, as such, generally deals with abstruse questions, makes premises in accord with facts and draws his conclusions in a logical manner. For his facts he relies upon the work of others and should these be misrepresented his entire scheme is valueless and his conclusions delusive if not absolutely harmful. A practical political economist is one whose range of observation is a limited one and whose conclusions, as a natural result, are circumscribed; but, in so far as they extend, they should be sound and full of value. Taking all these facts into consideration it seems to us that the physician ought to be a good, practical political economist. He is placed in such circumstances that he is enabled to observe very closely the conditions of people and of things. He is, as it were, at the center of the wheel and the screen which is placed at its periphery in no way interferes with his field of vision. He is kept informed of the various movements in the social body and in an unconscious way he is made the recipient of many of the most valuable pieces of information regarding the various phases of the kaleidoscopic picture of the times and the influences contributing to the changes which are continually taking place on every hand.

While an interested observer in many instances and noting the various changes which take place with fidelity and exactness does the physician make those practical deductions which we would naturally expect him to? Some do, but the majority do not, and that this majority should not do so seems to us so plain as to render unnecessary any effort to call their attention to the matter. Yet, it seems that such must be done and we propose to point out wherein the interest of the physician lies in a consideration of the practical outcome of a study of the political economy of the present.

Many physicians are politicians and we have noted that they are of no mean order in this branch. While not so numerous as in Europe, nor occupying such exalted positions, they manage to represent the profession pretty fully in the political field. They are shrewd, alert, and quick of perception, and, unfortunately, fre-

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quently abandon medicine for a vocation promising much more in the way of distinction and emoluments. They are quick to seize their opportunity and these are the ones who need but little instruction in the principles of either political economy or practical politics. They know how to make their influence felt and the methods by which this influence can be made to reach farther and farther.

On the other hand we have the brave, stout hearted, plodding, industrious practitioner of medicine who never knows rest; who is ever ready with counsel; who ever extends a helping hand to those in distress; who, when he lays down the harness, wonders if the "laborer is worthy of his hire." He touches here one of the greatest problems of political economy and begins the consideration of the subject at the wrong time. He should have thought of this at the outset of his career, not at its termination. He should have not only pondered over this, but over many other problems which are in close touch to this, and which may be often taken in hand when the mind is vigorous, the body hale, and energy unimpaired. Work to be well done, when of a certain order, must be undertaken with a certain degree of enthusiasm and determination added thereto to bring it to a certain issue. The physician will find that in order to obtain the proper results he must be a true socialist. He must take into consideration the fact that he is a part of the wage-workers and that he depends upon that class in a large measure. The wage-workers constitute the vast majority and their numbers exert a vast influence upon the manufacturing and agricultural interests of the country. To the physician, as well as to the workingman, two conditions are essential to secure a moderate degree of prosperity—living wages, and health. Given the latter the former will follow as a matter of course, providing that the power which controls capital can be made to understand the absolute necessity of the procedure. Our readers will see the complexity of the problem which is presented. It is one in which, socialism, the relations of capital and labor, of supply and demand, of duty and justice are all involved and interdependent to such an extent that it is difficult to separate them in a consideration of the difficulties which are presented.

Workingmen are demanding higher wages, in view of the fact that it takes more to live. They claim that as things are going on at present they can only procure a bare subsistence for themselves and families. The unfortunate doctor is an individual whose services, in such a case, are a luxury and in too many instances go unpaid. If he refuses them the patient goes to a public hospital and the unwilling practitioner becomes an object of hatred. In either case the benefits derived by him are not tangible. The interest he should feel in seeing that the wage-worker is well paid becomes immediately apparent: But it should not stop here. His influence—and what physician is so poor as to have none—should be exerted to the utmost in this direction. It is not selfish, surely, to desire wage-workers to receive that which they have honestly earned, and the benefits accruing to a community from such a condition would certainly be soon felt, and would be far-reaching in their good effects. There is surely no one better acquainted with the domestic life and relations of the workingman than the physician, and there is no one in a better position to discuss the matter intelligently. Further than this the influence of the physician upon those who control capital is also of a very strong nature and if directed with care and judiciously it would, without doubt, be productive of good results.

If the present condition of affairs continues the problem of political economy will come much nearer home for the physician. He will be forced to grapple with the interesting question of supply and demand in a new light. The question of the demand for necessaries will be inadequately met by the supply of means to obtain them. As things are now it does not take a political economist to see that the supply of physicians is beginning to exceed the demand that exists for them and, as a natural consequence, there lurks a danger that the price of their services will be forced down by this state of affairs. An inadequate response to the cry for a living is certain to bring about a deplorable condition of affairs and the only remedy which can be supplied is to limit the output. Here again it is the physician who largely controls the matter. It is not judicious to wait until the overproduction is so great and apparent and prices so much lowered as to force a diminution. Such results are always disastrous in their effects. The supply must be judiciously limited to the existing demand in order to preserve a healthy equilibrium and a proper education of the public as to the truth in regard to the average physician's prospects and what he realizes would have a good effect in toning down the exagerated ideas which are held in general in regard to this subject. Coming from those in a position which enables them to speak authoritatively on the subject would add the force of conviction to their utterances and deter many enthusiasts from entering into a career of disaster and disappointment. A few practical maxims of political economy to illustrate the position would not only prove the point more completely but would give the added force of conviction. A few words judiciously placed will have more of a deterring effect than all the cry for higher medical education and will effect the purpose, which is desired by so many, more thoroughly.

Health and Progress are regarded as correlative factors by Dr. C. G. Davis. In an address recently delivered at the commencement of the National Temperance Hospital Training School he stated that the world is certainly getting better. Mentally and physically we are improving. We recoil with horror at the accounts of the filth existing two centuries ago. We can scarcely understand how people could suffer from the plagues and epidemics which prevailed and swept away thousands and hundreds of thousands. Hygiene has ameliorated this and civilization has advanced

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proportionately. Cleanliness is the rule at present not the exception. Bathing is no longer looked upon as a luxury but is regarded as a necessity. The happiness of the human race has progressed with the care taken of the body. Many sanitary lessons have been impressed upon us of late. From the mansion of the rich to the hovel of the poor, the idea is being impressed that plently of fresh air is essential to good health. The speaker adverted to the fact that although much has been done in this respect, there are still many examples of the wilful or careless omission of these well established principles in their applications to buildings, and the other requisites that are indispensable to secure health and, consequently, happiness.

Sexual Perversion is dealt with in this manner by the *Journ. of the Am. Med. Ass'n*, which says that this subject, naturally revolting, has been neglected by the profession, to a very great degree, but the increase in the number of crimes, directly traceable to its influence, which the public press is called upon to record, makes some attention to it almost imperative. The Mitchell-Ward affair in Memphis has brought this matter in a most forcible light before the public. The suicide of Dr. Breedlove, whose perverted love for another man was unrequited, has also attracted much attention. Such cases of sexual perversion can be quite readily explained, and the laity can understand them, although it is difficult to show them that such cases are not necessarily the results of evil habits, voluntarily entered into, and wilfully pursued. If to these the famous case of "Jack the Ripper" be added, and a single category made to contain them, the generalization is too sweeping for the mind, unfamiliar with these matters, and untrained in their consideration, to, at once, grasp.

The majority of sexual perverts should be regarded with pity rather than disgust; be treated as patients, rather than as outcasts and criminals. In concluding, Lydston says: "The practical deduction of all that has been said, is that something of the physiology of the sexual functions should be taught to young persons, at least sufficient to enable them to keep off the rocks and shoals of perverted practices. If no other argument will suffice some good may be done by impressing them with the fact that any abnormal—or for that matter, normal impression—made upon the sexual function before the period of adult life has been reached, is liable to leave a permanent impression upon the sensitive nervous organization, as a consequence of which the normal receptivity and excitability of the sexual centers and nerves of sexual sensibility may be absolutely destroyed."

Temperament was the subject of an address recently made by Dr. D. W. Yandell, who said (*American Practitioner and News*) that the temperament is the thermometer by which the tone of the brain is to be ascertained. By the eye, the curling locks, the complexion, the pulse, all the movements of the individual, we are to determine whether the brain is like soft metal or the Damascus blade, the dull, spongy charcoal or the glittering gem. Developed in one region, and having the true temper, and normal influences favoring, a Howard is formed to make "the circumnavigation of charity." Developed in another region, and allowing a bad education of the spirit of a barbarous age to confirm and strengthen the bad tendency, an Attila comes forth to desolate and to curse. The twig is bent by nature, certain tendencies are innate, education, in its broad sense, may control, improve, subdue, almost eradicate. The predisposition is given, is sometimes inherited, sometimes comes as the wind blows, we see not whence. It was before the propitious gale of benevolence that Howard pursued the voyage of his illustrious life. Ambition is the headlong current by which warriors and statesmen, the mighty men of the earth, have been swept along the tumultuous sea of human affairs.

Castration as a Punishment for Crime was the subject chosen at the last meeting of the New York Society for Medical Jurisprudence, by Dr. William A. Hammond, of Washington, who read a humorous paper entitled, "A New Substitute for Capital Punishment and Means for Preventing the Propagation of Criminals." The substitute was castration (*Bost. Med. and Surg. Jour.*), and the following are extracts from the paper:

A man places greater value on his generative powers than on his life. As a French writer has said, "the dignity of a man resides in his testicles."

The author has several times put the question to criminals under sentence of death, and they all said they would rather hang than be deprived of their testicles.

Castration would have the effect of making the criminal of some use to society. A dead man is of no use to society, and a man in prison is almost as bad. There are many occupations that would be open to him; he could occupy any position in which boldness or originality are not essential. Possibly he might make a good clergyman. He would not make a soldier, or a sailor, or a policeman, but he could edit a mild news paper or make an efficient member of the legislative body. The value of eunuchs as singers has long been known. They would make excellent drynurses and safe type-writers.

The scope of this paper was restricted to the male sex. Women have become so accustomed to removal of the ovaries, and these organs are so much less essential to womanhood than the testicles are to manhood, that it might be necessary to substitute imprisonment for life in their case.

The Frankenstein of ths Gold Cure is what Dr. Charles H. Merz, calls it (*Med. Age*). He goes on to state that for those people whose systems are alcoholized, cocainized, and morphinized to such an

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extent as to make self-control impossible, Dr. Keeley claims to have a method of treatment that makes them sober and that cures them of all desire ever to get drunk or delirious again. The tendency of this man's patients to turn the treatment into something to rave over, to run into extravagance of admiration, is likely to end in a revolt that threatens to undo whatever good he may have been able to accomplish by his peculiar methods of treatment. In dealing with the man addicted to drunkenness or morphine, do we have to deal with a diseased person, as many physicians now claim? Such an individual may have been primarily wanting in will power, or defective in nervous organization. If he was not originally so constituted, then is he rendered so by the influence and effects of the drug he elects? When a man commits a crime, in a voluntary fit of drunkenness, his drunkenness is no excuse for him. Such, at least, is the ground taken by some legal authorities. When a man drinks to excess the act is an immoral one. If he commits a crime in this condition, even if he is at the time deprived of reason and judgement, he is responsible in the deed, because getting drunk was his own voluntary act. No man is compelled to swallow an intoxicating draught against his will. The inebriation is of necessity his own voluntary act.

Higher Medical Education still continues to agitate some. In connection with the subject of medical education in Ontario the *Canadian Practitioner* says:

We have heard much recently about the Ontario Med ical Council, and the evidence brought to view shows conclusively that this very important body, the medical parliament of the province, is not so popular as it ought to be with the mass of the profession. It is somewhat remarkable, in the same connection, to observe the amount of misapprehension and misconception which exist with reference to its functions and work in the past. It came into existence in 1866, and its originators hoped it would do much good in the interests of the profession of Ontario. Before that time, the character of the medical courses given was very unsatisfactory. In certain quarters little or nothing was required for matriculation, and students were rushed through both preliminary and final examination by easy and rapid stages.

It might be well if the graduates of recent years would carefully consider these facts, and calmly con template the possibility of a return to such an order of things. We do not at present intend to discuss in detail the many questions which have been raised lately in the varied discussions; but we desire to state in a general way that, notwithstanding certain imperfections in the Council's methods, which at times have been rather marked, the condition of things medical in the province is infinitely better than it could have become under the old regime.

We have our central examining board, which is the strongest safeguard we can possess against the irregularities and vices of the old "go as you please" system. The Council have shown a commendable desire to make their methods of examining as good as possible, and select the best available men as examiners. In looking back a few years, it will be seen that great advances have been made on these lines. The examining board, as at present constituted, is an admirable one; the examinations are carefully conducted, and are fairly practical.

One of the most important functions of the Council is to prepare a curriculum. Probably the most radical of the Council haters will admit that the efforts to raise the standard were for many years persistent until they were finally crowned with success.

Gonorrheal Possibilities.—A deeper knowledge of the pathology and etiology of diseases of the pelvic viscera, proves (*Hosp. Gaz.*) that gonorrhea in the female is a far more subtle and dangerous affection than used to be thought. Unfortunately it does not—*pace* the text-books—localise itself in the fossa navicularis and round the meatus of the urethra. In a by no means inconsiderable proportion of cases it invades the uterus and sets up endometritis, and thence proceeds along the Fallopian tubes, paving the way to grave interference with the reproductive mechanism and culminating in ectopic gestation, or, failing this disaster, to pyosalpinx and other pathological horrors. It is confidently asserted by some, with whom the study of gonorrhea is a hobby, that in women, even more than in men, gonorrhea is fraught with decidedly more danger than syphilis. It lurks in the recesses of the urethral glandular structures of the male for long periods, giving little outward and visible evidence of its existence, yet fully capable of transmission when, and as soon, as an opportunity occurs. If adequately treated in the first instance the deeper structures of the mucous membrane may escape being involved in the morbid process, but owing to the fact that though painful, an attack of gonorrhea does not disable a man, the treatment is frequently relegated to a position of secondary importance.

The Abuse of Tonics is a question which occupies the attention of the *Bacteriological World.* There is perhaps no class of remedial agents more abused than tonics. The abuse consists both in the excessive use and the misapplication of this class of agents which, within a restricted field, possess an indisputable and important therapeutic value. The misuse of tonics is doubtless the outgrowth of a misconception of the real nature of this class of remedial agents and its limitations. Many physicians also seem to lose sight of the fact that tonics are, as has been aptly said of drugs in general, two edged swords, which are as capable of mischief as of benefit. Indeed, when the true nature of tonics, as is true, in fact, of most medicinal agents, is thoroughly understood, it is apparent that even in cases in which they accomplish the maximum of benefit, there is also a certain amount of injury inflicted

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upon the organism, so that the effect obtained is really and simply the difference between the mischief done and the good accomplished. If the difference is on one side, the total result is harm. This principle holds good with regard to most remedies, whether the means employed is a drug or a non medicinal agent.

Cycles in Therapeutics is commented upon by the *Medical Summary* as follows: That there are, or have been, cycles in therapeutics no one can question. We are at present passing through an important change in our methods of treating disease which may appropriately be called the "antiseptic cycle." Notwithstanding all that has been accomplished, few will attempt to deny that the efforts have been fraught with misfortune, inasmuch as thousands have been sacrificed through the misapplication of carbolic acid and the bichloride of mercury, to say nothing of the numberless other poisons which have been so freely administered, and that, too, with the most vague and unsettled questions as to their direct value remaining undetermined.

Subscribers, we know, are well satisfied with the REVIEW, and not only this, but highly pleased. They are not slow to recommend it, but we desire to increase the large number we already have, and, in order to accomplish this we offer unusually liberal terms to new subscribers which may be seen on page vii. Every reader of the REVIEW should take advantage of this offer, to have a live medical weekly for the remainder of the year for $1.50. Our subscribers could aid us appreciably in this respect, and we are sure that they are willing to do so, judging from the words of commendation they have sent us. We furnish them with the best weekly in the country, and, in return, we want to see the substantial support of all our friends in the shape of an increased subscription list.

The Illinois State Board of Health has, during the past week, issued state certificates, entitling the followsng physicians to practics: I. N. Abeliovitz, D. N. Alcorn, H. G. Anderson, I. D. Anway, Elise W. S. Blanck, W. L. Bouchard, I. C. Brydges, M. N. Cazier, C. F. Chapman, I. I. Clansen, Levella Day, C. V. Dean, I. W. Dostal, A. I. Doty, A. E. Freer, E. R. Hawley, Elizabeth I. Kearney, I. E. Nordland, W. M. B. Olds, M. M. Ritter, S. Stolnitzky, G. G. Wellington, H. R. Winchester, H. M. Woodruff, all of Chicago; Joseph F. Asay, Eddington; Wm. F. Burns, Havana; James S. Chase, Maddison; Max F. Clausius, Beecher; I. A. Crow, Golconda; C. E. Dennis, Hamilton; Chas. Galloway, Libertyville; A. I. Kaune, Peoria; P. H. Kelly, Chillicothe; I. N. Klough, Buckingham; W. E. Crumsiek, Nashville; F. A. Luce, Clyde; Wm. Minick, Decatur; Wm. F. Scott, Pana; J. N. Smith, Toluca; George E. Southwick, Cotton Hill.

Pneumonia in Asylums.—Dr. J. A. Campbell sums up a paper as follows (*Lancet*): He thinks he is warranted in summing up as follows:

1. That the percentage of deaths from pneumonia is higher in asylums than among the general public, and in asylums the male sex are most liable to it.

2. That this should not be the case, considering the amount of care and money which are expended on lunatics.

3. That the geographical position of some asylums, with the accompanying lowering of temperature, accounts for a high percentage of pneumonia in them.

4. That a high death-rate from pneumonia seems to occur in some asylums which are not situated in cold regions, and that inquiry should be made into the causes.

5. That various causes predispose to and originate pneumonia, and where exceptional outbreaks appear thorough investigation should be made, probable causes should be ascertained, and the matter should be carefully recorded.

6. That an exceptional outbreak of pneumonia took place at the Carlisle Asylum (England) during April, May, June, and July, 1888.

7. That the period of the year at which this outbreak took place pointed to some special or exceptional cause, as January, February, and March are the most usual months to see pneumonia in.

8. That this outbreak chiefly affected the male patients, and was synchronous with the razing of an old farmstead which was contiguous to the male division.

9. That eight of the patients affected were employed at work is demolishing the buildings, and three resided in the buildings next the work, and the wind blew from such directions during the period of the attack as to justify the belief that inhaled debris might be the principal factor in the production of the disease.

10. That the number of cases of pneumonia at Carlisle Asylum is usually not high year by year, the percentage of deaths from it to other causes being only 3.8 over a period of thirty years,—this, almost more than any other circumstance, points to a special and exceptional cause for the outbreak.

Decalcification of Bone in Living Tissues.—Dr. Robert T. Morris states (*N. Y. Med. Jour.*) that sometimes it is desirable to remove dead bone without subjecting a weak patient to a dangerous or deforming operation. Attempts have been made with some success at clearing out this bone by a process of decalcification, but there are two chief reasons why failures

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have resulted as a rule. In the first place, it was discovered that superficial layers of dead bone were decalcified easily enough; but the acids did not reach deeply through the mass, especially if portions were infiltrated with caseous or fatty debris. In the second place, cellulitis was pretty apt to develop during the course of treatment. After much experimentation I have finally adopted a method of work which seems to be complete. An opening is made through soft parts by the most direct route to the seat of dead bone, and if sinuses are present they are all led into the one large sinus if possible. The large direct sinus is kept open with antiseptic gauze and the wound allowed to remain quiet until granulations have formed. Granulation tissue contains no lymphatics, and absorption of septic materials through it is so slow that we have a very good protection aginst cellulitis. The next step consists in injecting into the sinus a two or three per cent solution of hydrochloric acid in distilled water. If the patient is confined to bed, the injections can be made at intervals of two hours during the day; but if it is best to keep the patient up and about, the acid solution is thrown into the sinus only at bed-time. In either case the patient is to assume a position favorable for the retention of the fluid. Decalcification takes place rapidly in exposed layers of dead bone, and then comes the necessity for another and very important step in the process. At intervals of about two days an acidulated pepsin solution is thrown into the sinus (I use distilled water, f ℥iv; hydrochloric acid, ♏xvj; Fairchild's pepsin, ℥ss.), and this will digest out decalcified bone and caseous or fatty debris in about two hours, leaving clean dead bone exposed for a repetition of the procedure. The treatment is continued until the sinus closes from the bottom, showing that the dead bone is all out.

Peculiar Tobacco Idiosyncrasy.—Dr. J. L. Brass describes the following curious case in the Atlanta *Medical and Surgical Journal*:

A widow, about thirty years old, general health good, but of rather a nervous temperament, is the subject of a peculiar idiosyncrasy; to inhale the smoke from a pipe immediately causes convulsions, and of a very alarming type. They usually come on about five minutes after the smoke is inhaled, and last about two or three minutes, then pass off to return again after five minutes; continuing in this way from eight to twelve hours, leaving her in a very nervous, weak state and badly nauseated; nausea probably caused by the drugs used. She is usually confined to bed two weeks or longer, and regains her normal condition very slowly. The muscles of respiration seem to be the only parts affected; she complains of a drawing or tightening sensation about the lungs, as "though the life was being pressed out of them." For thirty seconds before the convulsions come on she gets so restless and nervous it is necessary to hold her in the bed, while she clutches at her breast, screaming with every breath till the convulsion appears and deprives her of consciousness. The heart's action is good; breathing always irregular and alarming. Various remedies have been used but seem to do little good. The last time he attended her he gave a hypodermic of apomorphia, which seemed to do more good than anything he has tried.

Points on Syphilis.—Jonathan Hutchinson says that the glands above Poupart's ligament are the immoral glands. If you find them enlarged examine the penis, and in nine-tenths of the cases you will find the cause there. If the swelling is in the glands below Poupart's ligament, the cause is probably in the foot. In syphilitics a heavy chill and high fever, followed by sweating, will be followed by marked secondary symptoms. Secondary symptoms beginning with a papular or tuberculous eruption show a very severe attack. Syphilitic eruptions are polymorphous; that is, many forms of eruptions are present at the same time—the roseolous, erythematous, papular, etc. This is not the case in non-syphilitic eruptions, a point of diagnostic importance. The reason the hair is lost in syphilis is there is a proliferation of connective tissue cells, which press on the hair-bulbs and cut off the blood supply and cause the hair to die. As soon as the patient is put on treatment, and these cells are absorbed, the hair again grows if the bulbs have not been destroyed. It is by means of the skin that the poison of syphilis is eliminated as we see by the eruption.

Coffee as a Bactericide.—The London correspondent of the *American Lancet* says that some interesting experiments have recently been made in Vienna which tend to establish the belief in the antiseptic properties of coffee. It was proved that a strong solution of good coffee ended the career of the bacillus of typhoid fever in about twenty four hours. The active streptococcus of erysipelas was killed in twelve hours, and not more than three or four hours were required to destroy the destructive comma bacillus of cholera. Stronger decoctions of coffee acted even more promptly. These effects, which are certainly very interesting, are not supposed by the author to be due to caffeine, but to some product produced from caffeine or other substances during the roasting of the coffee beans. It is said that during the roasting of coffee much of the caffeine is transformed into methylamine, and a question arises as to whether this methylamine may not be the antiseptic substance which has acted in these experiments. In the European military hospitals of India it is proposed to substitute coffee for tea in cases of enteric fever, and one medical man in London is about to try coffee in the treatment of cases of typhoid fever. The results will be interesting.

Electricity in Corneal Opacities.—Dr. Granville Faught states (Brooklyn *Med. Jour.*): The following is from the fourth edition of a treatise on Medical Electricity, published in London, in 1795, by Tiberius Cavallo, F.R.S.:

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D. W., aged 36, had been treated for several months without success at the Westminister Dispensary, for a violent inflammation of the eyes. He was then referred to Mr. Partington for treatment by electricity, who reports as follows: "The sight of the right eye, which was most affected, was so far impaired that when it was turned toward a window, the eyelids being forced open, he could perceive only a red glare of light like a ball of fire; but the rest of the room seemed to be equally dark, so that he could not distinguish any object in it. Mr. Partington began to electrify him October 21, 1776; and three days after the inflammation began to visibly abate; and in a fortnight's time it was quite subsided. He continued to be electrified every day for five weeks, till he attained a degree of sight sufficient to distinguish objects on the other side of the way." The method used was to throw electrical sparks from a wooden point directly into the eye. This report is published because of its interesting bearing on the subject, as the work of an investigator 116 years ago.

Hydriotic Acid in Grippe.—Dr. Wm. H. Van Gibson states (*Notes on New Remedies*) that during the epidemic of 1889, he tried all the various expectorants and cough mixtures with but poor results. Some of those containing opium or its alkaloids seemed benefi cial for a short time, but as soon as they were discontinued the cough returned, and in some cases remained troublesome for months after. During the last part of the epidemic of that year he began the use of hydriotic acid in the treatment of these bronchial complications, meeting with excellent results. During the epidemic of 1890, and so far during the last one, he has used the acid most extensively, with uniformly good results. Very soon after its administration the cough loses its dry, rasping character, becoming moist, and with the paroxysms farther apart. It is very seldom that a patient is seen who has been obliged to vomit from the violence of the cough paroxysms after the acid has been administered for twenty four hovrs. It has been his practice to prescribe the syrup of hydriotic acid in tea spoonful doses every two or three hours, well diluted in water, gradually increasing the interval of administration as the desired effect is obtained. The syrup has a pleasant taste, and is easy of administration, which is a valuable feature. Having tried the syrup supplied by different manufacturers, and after having on several occasions had a syrup dispensed which contained free iodine (once with nearly fatal results to the patient), he tried Scherff's Syrup of Hydriotic Acid, and in no case has it ever disappointed him,—proving unalterable and permanent in composition, and satisfactory in therapeutic effect.

Specific Gravity of Blood in Disease.—After a number of examinations of the blood, Dr. Hammerschlag draws the following conclusions (*Centralblatt f. klin. Medizin*):

1. The specific gravity of the blood depends generally on its amount of hemoglobin, and is entirely independent of the number of blood corpuscles present.

2. In chlorosis, anemia, tuberculous diseases and ma lignant tumors there is always a constant relation between the amount of hemoglobin and the specific grav ity, inasmuch as a certain amount of hemoglobin causes in different patients the same specific gravity. It is therefore possible to draw conclusions on the amount of the coloring matter in the bload, and it suffices to ascertain the specific gravity of the blood to decide the state of disease.

3. In nephritis it is found that the specific gravity of the blood is lower than the amount of hemoglobin would indicate.

4. In circulatory disturbances the specific gravity remains generally normal, even if edema is present.

5. In fever the specific gravity decreases, but becomes normal on defervescence.

Acute Tonsillitis.—A writer in an exchange says: You have seen this so frequently that I need but mention it to you. I call your attention to what has been a very effective form of treatment at any stage of the disease. It is morphia and veratrum internally. I prescribe:

℞ Morphiæ sulphat., - - - gr.j.
Tr. veratrim viridis, - - ʒij.
Syr. simplic, - - - - ʒvj.
Aquæ, - - - - - ʒij.
M.
Sig. A teaspoonful every three hours.

Its effect is simply wonderful, whether used early or very late in the disease. I do not remember to have had a single case of incision of the tonsil for this dis ease is nearly two years. I commend it to your earnest consideration.

Phenacetine and other Antipyretics.—The unexampled success of phenacetine, as a certain and safe antipyretic, has given rise to many clinical comparisons of that medicament with other febrifuges, but the results have served only to increase the reputation of phenacetine. Professor Eichhorst. of Zurich, recently said (*Corr. Blt. f. Schweizer-Aerzte*): "I have no great partiality for new antipyretics, for, in my opinion, fever should only be combatted in emergency cases, and for this purpose, some of the known antipyretics are amply sufficient. But if I should happen to find antifebrile treatment necessary, I should certainly make use of phenacetine. Phenocoll is an active antipyretic, but under its influence most of my patients transpired very profusely, and several suffered from rigors. The temperature soon rose again, and I found that the action of phenocoll did, in any, give so satisfactory an action, as that obtained from phenacetine." As an anti-rheumatic, phenocoll does not equal salicylic acid, and as an anti-neuralgic, it has not as yet proven particularly favorable, but it has been noticed that abdominal typhoid seems to take an easier course after its administration.

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San Francisco Letter.

Editor MEDICAL REVIEW.—We have again to report small-pox. On the last day of March the convalescent Chinese were discharged from the Small-pox Hospital. Dr. McIntosh was congratulating himself on having a chance to get the station thoroughly in order, when "his best hopes slipped up." Within twenty-four hours the steamer "Gaelic" from the Orient arrived with the "yellow flag" at the fore, having on board four cases of variola—the assistant engineer and three Chinese being down with the disease. The sixteen cabin passengers were landed the next day after being carefully fumigated, but 281 Chinese again crowd the barracks at Angel Island. The Custom House officers remembered their last experience with Dr. Lawlor, the quarantine officer, and approached the ship very gingerly on noting the "bit of yellow" on the foremast. Duty appeared not to call them so strongly as usual and they were satisfied to put aboard two men instead of four.

One of the leading papers of this city has been following the lead of some of the big Eastern dailies lately, and has reported several lurid accounts of wonderful diagnosis and brilliant surgery. One of the operations "written up" was performed by Dr. Leonard at St. Mary's Hospital, on an infant born with webbed fingers and toes, (it is interesting to note that the child's father also suffered from a similar deformity and was operated upon in Germany) and the paper described the operation in detail, and went into the physiological and hereditary features. Dr. Leonard has since addressed a note to the editor saying, "the operation was so simple that it might have been done by a gardener" and adding, "I do not wish to be classed among those gentlemen who strive to make much capital out of little by having their works magnified in our leading journals." I was sorry to note that the other doctors who had cases reported were not so modest as Dr. Leonard. I know one of them spent most of his leisure taking and sending copies of the paper to his friends and his regular greeting was: "How goes it? Did you see the account in the *Call* of that operation I made? ? ?." The tone of his voice calling for more than one interrogation point. The State Medical Society meets here on the 19th prox., and we hope the Society will promptly put its gluteal region on such reports in the public press. It has ever been remarked in San Francisco that the surgeons never use the daily papers to puff their work.

At the German Hospital over two weeks ago Dr. Kientzmann removed a multi-locular ovarian cyst weighing seven pounds from a woman who was pregnant for at least three months—the operation was successful and the patient is still without any interruption of her pregnancy. I remember we used to be taught that abortion would nearly surely follow any severe operation on the sexual organs, particularly, made during pregnancy. This does not seem to hold good any longer, as I have known five such cases during the last year and abortion has not followed in any.

At the Academy of Medicine very little interesting matter was brought up at the last meeting. An "up to date" member read a paper on "Internal Urethrotomy." He used Otis' instrument and was very much in favor of it as opposed to the external operation. In debate he admitted that the tissues often caught in the instrument and that he had known strips of the mucous membrane to be torn away. The same member, at a meeting a few weeks since, stigmatized "curetting the uterus as barbarous and unscientific—you are working in the dark and know not what you are doing." Oh, consistency, thou art a jewel! S. J. H.

Maternal Impressions.

Editor MEDICAL REVIEW.—It would seem by the correspondence that is sometimes printed in the medical journals that there are many persons who adhere to the belief that most of the congenital deformities are the result of maternal impressions during the period of gestation. To properly understand this subject it will be well for us to make a brief resume of the development of the impregnated ovum and fetus.

The first change that takes place in the impregnated egg is that of segmentation of the vitellus. This process of segmentation goes on until they become so abundant that the cells are converted into a layer surrounding the original central cavity of the egg and themselves enveloped by the vitelline membrane. The cells increase in number until they form a continuous organized membrane or as it is called the blastoderm. This membrane increases and divides into two layers which are called the external and internal blastodermic layers. The external layer produces the skin, the cerebro-spinal axis and the organs of animal life while the internal layer produces the mucous membrane of the alimentary canal and the organs of nutrition.

The first sign of advancing organization in the external blastodermic layer shows itself in a thickening of the structure which has the form of an elongated oval spot, called the "embryonic spot." Inside this spot is a colorless and transparent space, the area pellucida and in its center is a delicate line running longitudinally from front to rear termed the "primitive trace." In the anterior portion of the pellucida, the substance rises up in such a manner as to form two nearly parallel ridges; between them is included a groove called the "medullary groove." These plates gradually thicken and meet each other and coalesce upon a median line; thus converting the intervening groove into a canal. This canal gradually extends from the anterior part of the

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area pellucida backward until the whole groove has been converted into a closed canal. This is the medullary canal and in its cavity will afterwards be formed the cerebro-spinal axis. At the anterior extremity this canal is large and rounded to hold the brain and the medulla-oblongata, the rest of it is narrow and contains the spinal cord. The edges of the thickened portion of the blastoderm grow outward and downward extending over the lateral portions of the vitelline mass called the abdominal plates. At last the abdominal plates unite in the median line forming the abdominal cavity. The limbs appear by a budding process as offshoots of the external blastodermic layer. Subsequently the free extremity of each limb becomes divided into the phalanges of the fingers and toes, and afterward the articulations of the wrist and ankle, knee and elbow, shoulder and hip appear successively from below up ward.

We will notice that all the development of the embryo, the growth of the medullary canal, the formation of the abdominal cavity, and even to the budding out of the limbs has been accomplished within the first month of pregnancy.

We will notice one more part in the development of the embryo, in that of the formation of the mouth and the cavity of the pharynx. The completion of the component parts of the face about the mouth is accomplished by the continuous development of five buds or processes which grow together in such a way as to diminish the size of the originally wide oral orifice. The process which grows directly downward in the median line from the frontal region is called the frontal or inter-maxillary process. The superior maxillary processes coming from the sides unite with the inter maxillary process to form the upper jaw. The two inferior maxillary processes unite with each other making the lower border of the cavity of the mouth and form by this union upon the median line, the inferior maxilla. This formation of the mouth is completed during the second month of pregnancy.

The integument of the embryo is at first thin, vascular and transparent. It afterwards becomes thicker, more opaque and whitish in color. The hairs begin to appear about the middle of intra-uterine life. The nails are in process of formation from the third to the fifth month.

Physicians who have been reporting some cases of maternal impressions of late in medical journals have forgotten the above facts of the development of the embryo. Some of the impressions related were received as late as the fifth month and most of them during the second and third months of pregnancy. One case was given where the pregnaut woman was frightened at a bullock in the the third month and when the child was born it had no cranial cavity or vault. Being anencephalic the frontal bone had grown upward in such a way as to resemble horns. The development of the medullary canal is the first to be completed in the first month or five weeks of impregnation. Another case is one where there was a congenital amputation of the left arm from an impression received in the third month. The limbs are well advanced in development at the end of the second month so that in the third the nails are in process of formation. A cleft palate with hare-lip is the result of impressions in the third month by seeing a a man with that particular deformity. The development of the mouth is fully completed by this time. Birth-marks are the result of frights received even as late as the fifth month, when the skin is fully developed and the hairs have begun to appear by this time. These malformations must occur at the time of the development of the several parts. They are the result of want of growth of those parts. The growth is in some way blighted or stunted in a way that is wholly beyond the immediate influence of the mother. In the case of an anencephalic child there is a lack of growth of the spinal processes in the blastoderm and the closing up of the anterior portion of the medullary canal. In hare lip the growth of the inter-maxillary and superior maxillary processes have been stopped at some point of development. The congenital amputations have resulted in the same way. The impressions must be received during the development of the egg in the Graffian follicles or at a very early period of impregnation of the embryo, which in most cases will be at such an early period that the mother is often not aware of her condition until the third or fourth week of impregnation.

After the egg enters the Fallopian tubes and also when it has reached the uterus and until the placenta is formed and made its attachments, the embryo is entirely foreign to the mother and receives its nourishment by osmosis, which lasts from four to six weeks. Thus we see that quite a development has resulted by this time. Even after the placenta has formed its attachments there is no intermixing of the blood. The blood-vessels of each, the mother and child, form their separate network of capillaries and whatever nutritive material or excrementitious matter is from one to the other is by osmosis through the thin membrane which separates the blood of mother and child.

Much more could be said and explained on this subject, but fearing that this is already too long an article I hope it will indicate the line of study for those who are still believers in maternal impressions and that finally they will be lead to the right understanding of their subject.

Taylorville, Ill. GOULD SMITH, M.D.

An Obscure Case.

Editor MEDICAL REVIEW.—If you will allow me space in my pet journal (MEDICAL REVIEW) I will report a case that came into my hands a short time since and would like to ask a few questions for yourself or some of the many readers of the REVIEW to answer.

I will make it as brief as possible without omitting essential points. I was called at 8 A.M. to see Mr. C., who was taken very suddenly with what the messenger thought was a congestive chill.

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The distance was something more than a mile but I was there about 45 minutes after she was taken. I found the patient sitting in a chair, her husband and three or four others rubbing her hands and feet with every thing that they could think of, such as hot water, whisky, pepper, mustard, etc. She said: "I commenced to feel cold; my hands and feet got perfectly stiff and I shook like I had a hard chill." In answer to a question she said: "Have been feeling very well, had no pain, excepting a boil near the navel, been married three months, sickness regular, excepting the last time it stopped twice for a day or so and would return and lasted longer than usual, but have been well now for four days."

Patient's countenance was anxious, breathing short, almost panting, with occasional sighing. Pulse about 160, and soft blowing sound at heart. Eyes natural, excepting showing effects of whisky, as she had drank about four ounces. She thought the boil had broken internally as it had got perfectly easy.

I put her in bed and gave her tincture digitalis first; in about 15 minutes I gave her a large dose of potassium bromide, chloral hydrate and morphine. I soon repeated the digitalis with ammonium carbonate. Breathing was soon natural, excepting a deep sigh now and then. Heart was quiet and pulse very good. Then I tried to get her to sleep and gave her several doses of morphine, but up to twelve o'clock when I left there was no sign of sleep and I learned next morning that she had not closed her eyes all night; but otherwise had rested well until about daybreak when, as she expressed it, she was threatened with another spell.

Found pulse more rapid but not weak, breathing very good. Said she felt as if she wanted to be where the wind could blow upon her. I examined the "boil" and found it to be an abscess containing a quantity of pus; cleaned it out with carbolic acid and it healed nicely. It was about one inch to the left of and on a level with the navel. I was not sure as to what was the matter and am not satisfied yet.

I suspected ovarian hemorrhage but as there was no pain, no displaced uterus, nor any cause excepting possibly a severe lift several days before it is a question whether the last could have produced all the symptoms noted. However, on examination, I found a slight prolapse of the uterus and replaced it very easily and had no farther trouble. Now could it have produced all these symptoms and no other symptom to indicate it excepting dragging sensation felt on the second day?

Could the abscess have anything to do with it? If not what caused such symptoms with entire absence of pain? I would be glad to hear from some of the profession on this, and with best wishes for the REVIEW which I like much better than any journal I take and four others that are all first class. I would be better pleased to see more reports from the county doctors with comments and questions.

Dresden, Tex. LUCIAN K. TRUSCOTT.

Pyosalpinx—Catheterization of Tube—Recovery.

Editor MEDICAL REVIEW.—The history and treatment of the following case is to me unique. I have never heard of the little operation before, although it may be very commonly performed by specialists. The history taken from the record of the City and County Hospital is as follows:

"Mrs. J. F., 38 years old, married, four children. Admitted Oct. 24, 1891, complaining of severe pain in the left ovarian region, chills and fever every day. Has peculiar cachexia and marked emaciation. Gives history of profuse vaginal discharge and ardor urinæ six weeks ago followed later by present symptoms.

Examination shows tumor as large as orange to left of uterus. Diagnosis pyosalpinx, concurred in by Prof. Cole and Dr. Von Hoffman. Patient complained few days later that profuse discharge occurred with relief of pain. At my request she called me the next time it happened and by aid of speculum I could see pus oozing from the os, and pressure over tumor caused the pus to well up. Patient treated with hot water, ichthyol and glycerine tampons and iodine locally and internally quinine and bichloride of mercury. Discharged at her own request Dec. 3, being free from pain, very little swelling which is not tender.

Jan. 1, I was called hastily to this patient and found her suffering the same as when first admitted to the Hospital, except that it was on the right side. The pain was so severe that I had to use hypodermics of morphine twice a day until the tenth when she came to my offics, the pain still intense and the swelling so hard and tender that she complained bitterly at introduction of speculum. Noticing the os was patent I thought if a sound could be passed into the Fallopian tube, the case would go on as it did on the opposite side. This was successfully accomplished after a few trials with a No. 6 urethral bougie, pus following the withdrawal of the instrument. A fenestrum was then cut in the bougie about one inch from the tips, the instrument again passed and about 1½ ounces of pus drawn. This was repeated every second day for six times, the bougie after once or twice going easily; the fifth time the pus was mixed with serum and on the sixth about an ounce of clear serum passing. The serum was slightly yellowish and thick like the white of egg and solidified on on boiling. The same treatment pursued at the hospital was also carried out in full until Feb. 1, when she was discharged but asked to return in about a month. She came on March 7, and stated that she had been quite well since last visit; no pain, no discharge; has gained 12 pounds; resumed marital relation and feels better than for years. Examination showed no swelling, no tenderness; uterus freely movable and except for retroversion no sign of any abnormal condition. For fear of making the report too long I have omitted much that is interesting. It appears from the account that the whole thing was as easy "as falling off a log,"

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still many a drop of sweat poured from my brow ere I succeeded. The intention at first was to allow the bougie to remain in place so as to furnish free drainage, but for fear that septic peritonitis would ensue it was removed. The questions in my mind are—Was the diagnosis correct? Did the bougie go where it was thought? If so, then often it will obviate the necessity for Tait's operation. If not, then where did the instrument go? If the bougie was pushed through the uterine wall into a pelvic abscess as I feared myself after the second time when it went so easily, where did the serum come from? If the operation can be easily and successfully performed (the patient certainly recovered without a bad symptom) what are the indications for this treatment and what are the objections.

San Francisco, Cal. J. S. H.

Influenza—Its Complications, Sequelæ, and Mental Phenomena.

Editor MEDICAL REVIEW.—All practitioners have been struck by the prominence of the nervous and mental phenomena in influenza and much has been written about the symptoms of the disease, its complications and sequelæ. The part played by the nervous system in etiology and history is great and has been variously interpreted. Graves long ago referred the bronchial and pulmonary symptoms of influenza to lesions of the nervous power of the lungs and I regard it as Blakiston does, a disorder of the nervous system with concomitant derangement of the organs of digestion and circulation; influenza being a disease of the nervous system and secondary involvement of the heart, lungs and digestive system.

If, at the time of acute onset, the illness is of a serious character, such symptoms are present as great mental and nervous debility, irritability, restlessness, sleeplessness, or the opposite, such as stupor, hebetude, coma, with all the aches and pains possible in all parts of the body.

These symptoms and conditions may occur at the onset and are those which constituted the nervous features in the late epidemic.

The attempt of classification of nervous and mental phenomena of influenza must be attended with great difficulties, and the reason is that classifications of symptoms and conditions which are manifested in the nervous system are always traceable to a nervous origin or, at least, in the great majority of cases.

We have in influenza many peculiar forms of pulse and a very uncertain and perverted action of the heart. My experience, in the epidemics of influenza of 1891 and 1892, was that the heart was one of the great organs that influenza chiefly concentrated on; and, that when the action of the heart and pulse was bad, it was one of the most difficult organs to control that is or may be involved in the disease.

I have seen cases in which the circulation and the action of the heart was bad from the first stroke of the disease. In some cases we would call it simply an irregular heart and again the pulse would be accelerated but not weak. Then, on the contrary, the pulse would be accelerated from the beginning and very weak and feeble; and, in some cases, hardly perceptible. In many of my cases I found cardiac or valvular trouble, or both, from the first stages of the disease.

As one writer says angina pectoris, or neuralgia of the heart, may come on; and, in some cases, it may have been associated with organic heart trouble. But, in other cases, it was not consisting of asthmatic attacks, or similar affection, with pain over the cardiac region and a tired, aching sensation, most often in the left arm. On this account heart depressants should be cautiously given to any case of influenza if the heart be at all involved. Their action should be carefully watched; painful sensations in the region of the heart should not be lightly treated (as they are so often) for they are not rheumatism, neuralgia, or indigestion; but on the contrary, careful investigation should be made. In influenza of a neurotic tendency at the beginning and where there is head trouble and no other complications, I have found nothing more soothing than acetanilide, bicarbonate of soda, and antikamnia in small and repeated doses, and as a nerve and cardiac stimulant I know of nothing better than strychnine, digitalis, and strophanthus. In my experience they are invariably used.

In conclusion, a word of praise for the REVIEW. I like your change much better, the type being large and clear. The REVIEW is the journal for the general practitioner.

Very truly yours,

Coatesville, Ind. DR. W. T. GRIMES.

Digitalis Poisoning (?).

Editor MEDICAL REVIEW.—Feb. 9, a man, who had recently been attacked with the grippe, came to me for treatment of edema of the legs. He was also suffering with a slight paralysis agitans. For the edema, I put him on the following:

℞ Fld. ex. dig., - - - - ℥ij.
Acet. potass., - - - - ℥ss.
Aq., - - - - q. s. ad ℥jv.
M.
Sig. Teaspoonful t. i. d.

I saw him the fourth day afterward, when the swelling had about subsided. I ordered a continuance of the same prescription for a few days. Feb. 17, I was called to see him. I found him with no pulse at the wrist; extremities cold and cadaverous; impaired vision; sighing respiration, and placing my hand over the region of the heart, found its beats to be only 30 per minute, and very feeble. I was told he had been vomiting a greenish substance similar to bile the day previous.

I gave him two ounces of whisky, a hypodermic of strychnine, and applied dry heat to the extremities, with the satisfaction of finding the pulse at the wrist in about 20 minutes. I supported the heart's action with

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these measures for two days, when I put him on bella donna, nux vomica and iron, with a good recovery.

Was this digitalis polsoning, or nervous prostration due to the grippe? I have often given 10 drops of the fld. ext. dig. with no untoward results.

Being highly pleased with the condensed plan of the REVIEW, and wishing it continued success, I remain,

Yours Fraternally,

Park Place, Ark. W. W. SCOTT.

Secondary Infection of Brain.

Editor MEDICAL REVIEW.—Charles, aged 8, contracted measles in January. The bowels became very tender and moved often. The discharge emitted a very disagreeable odor and yielded slowly to treatment. I saw the case in connection with Dr. May. After recovery, the following symptoms appeared: About 9 o'clock one morning he became very nervous and imagined that bugs and worms were crawling all over him. He could not bear to be left alone.

Will some of the medical brethren give us a diagnosis.

Oklahoma City, O. T. L. STANSBURY, M.D.

Controlling Sex.

Editor MEDICAL REVIEW.—In your issue of March 12, Dr. Wilson asks physicians to give their experience as to the results following impregnation before or after the menstrual period. In my opinion this cannot be determined. One of my patients menstruated December 1, was married December 3, and had no intercourse until the fourth night after marriage. On September 6 of the next year a healthy, strong male child was born at full term. The second child, a male, was born on the expected day, figuring after menstruation.

Another patient was confined September 13, a male child, at full term being borne. She did not expect to be confined until October, because she had menstruated once after conception. Very truly,

Rockford, Ill. DR. JOHANNA W. MORGAN.

Temperature of Brain.—Mosso has undertaken some delicate researches on the temperature of the brain by means of a thermometer of extreme sensitiveness. He states that the encephalon is the warmest organ of the body. He has found that by subjecting dogs to curare, at first, and then passing an electrical current over the surface of the brain causes an elevation of a half or even an entire degree. The same effect is produced after dividing the cord. In conclusion the author has studied the action of some drugs, such as cocaine, chloroform, etc., and the influence of asphyxia on the brain and on other organs of the body; he has found that independently of the circulation, every organ has a temperature proper to itself which may increase or diminish. The resultant of all these temperatures, he claims, forms the general temperature of the organism.

Early Development.—At a late meeting of the Paris Academy of Medicine, M. Crivelli showed the photograph of an eighteen-months'-girl whose genital organ presented a degree of development such as is usually found at the age of eighteen (*Annals Gyn. and Ped.*). The mammæ and the nipples were also well developed; the mons veneris covered with lanugo, the clitoris being also very large. By investigation, Crivelli found out that the child was addicted to masturbation. The menses had appeared regularly since three months, and lasted from three to four days. Before the appearance of the menses the child feels sick for about twenty-four hours.

Warty Growth of Anus.—Dr. James Bell exhibited to the Medico Chirurgical Society of Montreal, a photograph of a warty growth surrounding the anus of a young man of 20. It had first appeared five months ago as one small wart. It had increased rapidly, and was limited to the edge of the anus, there being no extension into rectum. In character it is identical with the growths of venereal warts found on the cornea in the male and the labia in the female. Such a condition, in a male and apart from extension from the genital organs, was, in Dr. Bell's experience, unique, and, as far as he could find out, there was no special reason for its appearance. It was removed by the cautery.

Resection of the Sigmoid for Cancer.—Dr. Shunk presented, to the Practitioners' Society of New York (*Med. Rec.*), a specimen and related the case of a woman aged 60, who had had symptoms of obstruction, evidently due to a tumor situated at about the sigmoid flexure of the colon. Her condition being low, he performed preliminary colotomy; she then improved much, and at the end of six weeks the diseased portion of gut was drawn out of the opening made for the artificial anus and cut off. This left the lower segment too short to permit of anastomosis, and consequently both ends were drawn up to the opening and stitched in. The patient did well for eight days, and then sudden and violent gastro enteritis developed, of which she died within twenty-four hours. The autopsy showed new-growth obstruction at the pylorus and great dilatation of the stomach.

The Next Semi-Annual Meeting of the South Kansas Medical Society will be held in Wichita, May 3, 1892. An interesting programme has been promised, and a profitable as well as royal good time is anticipated.

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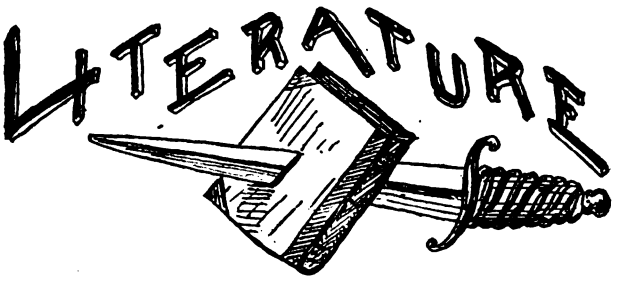


The International Medical Annual and Practitioners Index for 1892. Edited by P. W. WILLIAMS, M.D., Secretary of Staff, assisted by a corps of thirty-two collaborators—European and American—Specialists in their several departments. 8 vo., pp. 644. Illustrated. [New York: E. B. Treat. 1892. St Louis: J. H. Chambers & Co., 914 Locust Street. Price, $2.75.

This work has become an indispensable adjunct to the practitioner's library because it is a reliable and handy reference book. It comprises a condensed review of the progress made in practical medicine to which we find appended notes referring to the same subjects in preceding years. Being its tenth year is sufficient evidence that the work is one which is wanted by the profession. The present is the largest volume issued so far but the price remains the same as in previous years.

An idea of the scope of this excellent annual may be formed from a perusal of the following synopsis of its contents:

Part I., comprises the new remedies, together with an extended review of the therapeutic progress of the year.

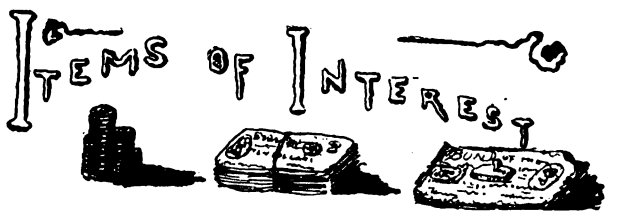
Part II., comprising the major portion of the book, is given to the consideration of new treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities.

Part III., is made up of miscellaneous articles, such as recent advances in bacteriology; medical photography; sanitary science; use of suppositories in the treatment of disease; improvements in pharmacy; new inventions in instruments and appliances; books of the year, etc.

The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of rare worth.

The numerous illustrations, many of which are in colors, which embellish the work serve to throw much light upon the text. We can safely commend the present annual as being especially valuable in a therapeutic point of view and not so bulky or prosy as to require loss of time in referring to any point upon which information may be desired.

The editor has done his work in an excellent manner and the elaborate index which is appended is in the highest degree valuable as an aid for ready reference. It is well constructed and can be depended upon. Moreover, the alphabetical arrangement still further facilitates quick reference.



Dr. Bernhard Kuessner, professor of medicine at Halle, died recently.

The Archives Cliniques de Bordeaux is a new monthly which has recently appeared. Professors A. Demons and A. Pitres are the editors.

Is there a Prostrate? is the heading of an article in one of our cotemporaries. We suppose there is and we are patiently waiting to obtain information as to its present habitat.

Hurry.—Dr. Hammond, of Washington, has collected seventy cases which have occured in that city during the last ten years of men dying suddenly from running after street cars.

The Cultivation of the erythroxlon coca has been introduced into Hindustan. It grows like a weed in Madras, and the leaves are said to yield a cocaine fully equal to that obtained from the American coca.

Welsh and English Mothers frequently put a knife in the cradle with a new-born infant to ward off colic and other infantile diseases. The Welsh mother adds to the merit of the charm by occasionally throwing in the sugar tongs.

The Thirty-Seventh Annual Session of the Kentucky State Medical Society will be held in the city of Louisville, on May 4th, 5th and 6th, next. The meeting promises to be an unually large and interesting one. Communications, with titles of papers, may be addressed to the Permanent Secretary, Dr. Steele Bailey, Stanford, Kentucky.

Dr. Theophilus Redwood, Emeritus Professor of Chemistry and Pharmacy to the Pharmacentical Society of Great Britain, died March, 5 last, at Boverton, Glamorganshire, South Wales, in the house where he was born March 2, 1809. His early education was obtained from his father who was a schoolmaster in the village named.

Brutality.—A shocking accident occurred at Corning, Ark., recently. James Jones, a laborer, while attempting to board a moving train was thrown under the wheels and had both legs cut off. He died in about an hour. A doctor who was present refused to do anything to save the man's life, stating as his reason that he would never get anything for his work, and the man bled to death.

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The District Medical Society, of Central Illinois, will hold its eighteenth annual meeting at City Hall in Pana, Ill., April 29, next.

A Case of persistent hiccough, which had resisted treatment for over a week, is alleged to have been effectually cured by a Hyde Park (Mass.) physician, with a large onion eaten raw, followed by a bottle of old stock ale.

The Prevention of gonorrhea is considered by Dr. Martin (*Ther. Gazette*) in a very elaborate manner which leads the *Medical Record* to state that there is one way of preventing gonorrhea which does not seem to have occurred to the virgin mind of the writer of the above. It is embodied in the seventh commandment.

The Forty-Third Annual Meeting of the Indiana State Medical Society will occur in Indianapolis on Thursday and Friday, May 12, and 13, 1892. The meeting will be held in Plymouth Church, located upon the Southeast corner of New York and Meridian streets, and will convene at 10 o'clock on the morning of the twelfth.

Found at Last is the place where a doctor is wanted—at least was wanted, for there are probably several there by this time. The place is North Gisborne, New Zealand. The residents of the place have guaranteed $1,000 per annum to any physician who will settle there, and the Government has promised to add another $1,000.

The Brooklyn Dermatological and Genito-Urinary Society has been organized, with Dr. Samuel Sherwell as President, Dr. A. E. Smylie as Vice-President, and Dr. George D. Holsten as Secretary and Treasurer. The meetings, which are private, are held on the first Friday of each month, except July, August and September.

San Francisco druggists are wondering how it is that some Chinese druggists pass the Board of Pharmacy. Do the Board speak Chinese or the Chinese English or was it pigeon English. It is claimed that the Chinese drug shops are largely the places where opium is sold and mainly in defiance of the law which governs other druggists.

A Bill to Prevent Dissection.—It appears that one Senator Smith has been introducing at Albany a bill prohibiting all disposition of human bodies except by burial. Knowing the material of which the present legislature is composed nothing can surprise us says a New York cotempory, but this special Smith must be even more so, as it were, than the others. Go back to your ash cart, Senator Smith, to your saloon, your tonsorial palace or whatever you ran for a living before you went to Albany, and try not to mortify us. Perhaps the safest way will be for you to consult some educated adult before exposing yourself again.

According to recent investigations (*Med. Sum.*) the destruction of one supra-renal body does not entail death, while the removal of both invariably does by inducing prralysis of the respiratory muscles. The chief function of these bodies, according to the gentleman who made the above observations, seems to be to destroy or neutralize some poisonous substance engendered by the organism.

Toy Balloon in the Throat.—At a coroner's inquest the other day, a novel cause of death was brought to light. A little girl, eleven years old, was playing in the street with a penny toy balloon, and during a sudden inspiration, this was drawn into the upper air passages. Death from asphyxia resulted before medical aid could be summoned, and at the autopsy the the balloon was found lodged in the throat.

The New York Otological Society has recently been organized. The meetings are held upon the third Tuesday of November, January, March and May. The work of organization was completed at a meeting held on March 22, at the house of Dr. Gorham Bacon, at which time the following officers were elected: President, Dr. Albert H. Buck; Vice.President, Dr. Emil Gruening; Secretary, Dr. E. B. Dench. The first regular meeting will be held on Tuesday, May 17, at 8 P. M.

Yellow Fever in New York,—The steamship Phidias from Santos arrived April 10, short seven in her crew. While lying at Santos yellow fever broke out on board and three of her crew were sent on shore and left. On their trip to New Yew Ross Larson, Micholas Woolen and Patrick McCloskey, all members of the crew, died of the fever. Captain Cowan of the Phidias reports that the sanitary condition of Santos and Rio Janeiro is very bad, yellow fever still prevailling at those ports to an alarming extent. The heat was very intense, which greatly aggravated and spread the disease. A number of sailing vessels were in the harbor of Santos.

Necessity.—We learn from one of our exchanges that a French Justice of the Peace has shown himself not only a man of humanity but also one who recognizes that the statute law must not interfere with the laws of health, by a decision rendered lately in a case of a woman who was arrested for micturating in a public place. The justice in his decision, which as published in *Le Progres Medical*, is an inimitable example of the fitness of the French language to describe delicately a matter of this kind, says that since no provision is made in the streets of Paris for women to answer the calls of nature except by the payment of a fee in a case of urgent necessity it would be impossible to sustain the complaint without interpreting the law in a way that contravened the public health, thus giving another illustration of the truth of the old saying that "necessity knows no law."

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Ghoughphtheightteeau.—This says the *Boston Daily Advertiser*, for the satisfaction of our English cousins, according to recent progress in the study, spells potato. Who invented it is unknown, but it sounds like Dr. Wayland, of Philadelphia, a fonetik person: "What does this spell—Ghoughphtheightteeau?" Well, according to the following rule it spells potato. Gh stands for p, as in the last letters of hiccough; ough for o, as in dough; phth for t, as in phthisis; eigh stands for a, as in neighbor; tte stands for t, as in gazette, and eau stands for o, as in beau. Thus you have p-o-t-a-t-o.

The Leslie E. Keeley Company, of Dwight, Ill., recently took a lease on the old Kirkwood (St. Louis County) Seminary buildings and grounds with the privilege of leasing for ten years at $1,500 a year or buying the property within five years for $25,000. The company will establish an institute where Dr. Leslie E. Keeley's gold remedies for the cure of drunkenness, opium habit and neurasthenia will be dispensed. J. Taylor Brent, the real estate agent of Kirkwood, negotiated the deal and Mr. Ed. A. McCormack of St. Louis, who will be manager of the institution.

The Third Regular Meeting of the Central District Medical Society of Missouri, was held in Sedalia, April 7. There was a large attendance and the day was consumed in the reading and discussion of the following papers: "A day with a Country Doctor," by Dr. G. W. Latham of Latham Station; "Charlatanism," by Dr. G. M. Scott of Sedalia; "Bloodletting," by Dr. O. Williams of Versailles; "Elephantiasis," by Dr. G. Schwabe of Beaman. Eight new members were enrolled and prior to adjournment Sedalia was chosen as the next place of meeting.

Ether Drinking.—The practice of ether drinking, which had become so common as to cause considerable alarm in Ireland, has begun to diminish as a result of very stringent laws. But it has been discovered lately (*Med. Red.*) that the habit is rapidly spreading in Russia to such an extent that the Government has found it necessary to prohibit the sale of ether, and of substances containing it, such as Hoffman's anodyne, except under severe restrictions. In Paris, also, ether drinking has become quite the fashion. It is taken there usually with cognac.

Whisky Cure Arrests.—W. C. Watson and J. H. Kerr, manager and medical director, respectively, of the Chicago Opium and Liquor Institute, recently established in Columbus, O., were arrested April 9. The arrest grows out of the mysterious death of David H. Shoemaker, a patient at the Dipsycuria. Shoemaker died at 2 a.m. last Tuesday. An autopsy developed a rupture of the meningeal artery and fracture of the nasal bones in his head. There was also evidences of strychnine in the stomach. The latter is supposed to be due to the treatment administered. The injuries on the head are unaccountable, and the arrest was made by order of the Coroner.

A Memorial to Nussbaum, consisting of a colossal bust of marble on a pedestal of black and red syenite, is to be unveiled at Munich next July.

Prostitution among Minors has been studied for the ten years between 1877 and 1887 by M. Commenge, who states that it plays an important part in the progagation of syphilis in Paris.

A Witness in a London court characterized a physician who had been acting for another as merely a "local demon" The judge suggested that he meant "locum tenens," but the witness stuck to his own version of the phrase throughout his testimony. He may have had private information not accessible to the court.

Columbus Medical College is suffering from the unwarrantable interference of its board of trustees. At the late commencement a majority of the faculty decided that two of the candidates for the degree of M.D. were unqualified. The board of trustees, however, gave diplomas to these just the same as to those approved by the faculty.

A Tragedy occurred at Lake Providence, La., involving two of the leading physicians of the place, Drs. A. N. Pearce and Frank Artand, caused by a matter of professional etiquette. Artand, a regular, in a card published a week ago charged Pearce with sending postal cards to Artand's patients and endeavoring to secure their patronage by other unprofessional methods. Pearce replied in the Lake Providence papers published to-day, and Artand was so stung by his rejoinder that he got a whip and went to Pearce's office to lay it on. Pearce, of course, anticipated trouble, and as the first stroke fell he fired, shooting Artand in the left side, inflicting a mortal wound. Pearce was released on $500 bail this evening. Artand has a young wife, but no children. Pearce has a family.

The Title of Doctor, says the *Times and Register*, used to have a significance; but judging by the following items it will soon be necessary to adopt the German fashion, and speak of the "Medical Doctor" when a physician is designated:

The celebrated editor, Dr. Munford is dead.

The Passion Service, the composition of Dr. A. Gaul, was performed at the Church of the Saviour.

Dr. Werkerle, Hungarian Minister of Finance, in the Lower House of the Hungarian Diet, said that owing to the present state of Europian affairs a reduction in the outlay for the army was impossible.

On motion of Senator Hoar, Dr. Joseph Francis was admitted to the floor of the Senate to speak on the Indian Appropriation bill.

Or, are these to be considered evidences of the versatile talents of our colleagues; and of the stress that compels so many of them to seek other occupations than that of attending the sick?

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La Abeja Medica (*The Medical Bee*) is the title of a new medical journal which has recently appeared in Havana, Cuba.

In the Re-organization of the faculty of the Medical Department of the University of Nashville and of Vanderbilt University for the ensuing term, the old officers were re-elected.

The Paris Municipal Council has at the instance of Dr. Joffroy, voted a grant of 100 frances towards the erection of a memorial of Duchenne, of Boulogne, in the Salpetriere.

London is suffering from a fresh outbreak of small-pox. Ever since the commencement of the current year the cases under treatment in the hospitals have shown a slight tendency to increase.

Dr. Melville F. Horine, formerly of Chicago, recently entered suit for $50,000 in Kansas City, Mo., the defendent being Alfred Barili a nephew of Madame Patti. The cause of the suit is the alienation of the affection of the plaintiff's wife.

The Medical Press states that a movement is on foot to present the President of the Royal College of Surgeons, Ireland, Mr. Croly, with his portrait on the occasion of his retirement on the completion of his second year of Presidency of the College.

The Atlanta Medical and Surgical Journal has passed into the hands of Drs. Hutchins and Grandy, they having bought the interest of their former associate, Dr. L. Kennedy. The cover page has been changed greatly to its improvement.

A St. Louis Drug Clerk named ten grains as the average dose of strychnine, and a Louisville medical student thought two grains an average dose of digitation. A third party in Michigan (a cold water druggist) tried to sell apomorphine to a customer who asked for the sulphate of morphine when the druggist had none in stock.

Illinois Scratches.—Many physicians, as well as their patients, have been greatly annoyed during the past winter from a very disagreeable skin disease called by some writers "Illinois Scratches." The physician is annoyed because he has trouble in relieving his patient. The patients is very unhappy because he has to put in his nights scratching instead of sleeping.

Palermo will be the sets of the next Congresso della Federazione delle Societa Italiane di Igiene, which will be held from the 16th to the 20th of May. The organising committee have announced the following special subjects in the programme: 1. On prostitution in relation to existing regulations. 2. On the drainage of seaports. 3. On the hygiene of sulphur mines. 4. On the sanitary inspection of schools.

The Ideal Scoundrel.—We select the following from the *Texas Health Journal* for the benefit of those whom it may concern: "Bill Nye hits the nail a hard welt on the head when he says: A man may ride on the back coach of a railroad train to save interest on his money till the conductor gets around, stop his watch at night to save wear and tear, leave his "i" or "t" without a dot or cross to save ink, pasture his mother's grave to save corn, but a man of this sort is a gentleman compared to the fellow that will take a newspaper two or three years and when asked to pay for it puts it in the office and has it marked 'refused.'"

Eau des Peres de la Montaigne-Sainte.—A M. Bidoche has recently been fined for the illegal practice of medicine in Paris, his speciality being the above water which contains "the germs of universal fecundation," and which one of his patients found all too successful: she had been married twelve years and had no children, so, she enjoyed, she explained before the correctional tribunal, a satisfactory interwiew with the doctor and took a bottle of the wonderful water. Two months afterwards she found herself in a very interesting condition, and a son in due time made his appearance. "But, Monsieur le President," she exclaimed in tragic tones, "then I had another, and a third, and I went to M. Bidoche and implored him to stop that, the water was acting too powerfully; and he tells me, he cannot, I may have a dozen children ———." When an explosion of laughter in court drowned the rest of the plaintive story. However, the defendant was fined 200 francs; when they ought, in view of the steady depopulation of the country, to have handsomely rewarded him.

A Grub Story.—The following found its way to the *Hospital Gazette* by way of a Welch correspondent, who writes: A short time ago a man came from a distance of fifty miles to consult me. He complained of pain in the stomach as if it contained something alive, and he expressed his belief that he had swallowed some small animal about two years before when drinking water from a running stream. He stated that he had not drunk any water but that had been previously boiled for years before that and never since. He stated that the pain had been continuous since that time. I sent him home with instructions to eat a hearty dinner on the following Sunday and follow it up with an emetic which I gave him. The next Sunday, as directed, he partook liberally of roast beef, potatoes and rice pudding, no green vegetables. An emetic of sulphate of zinc followed, and after the second dose he vomited very violently, and to his surprise a little grub about an inch long, with a long, fine tail and about a dozen feet, which are very short jumped about the floor. He put it in a bottle in water and sent it to me. The grub lived in my surgery four days and then died. I have preserved it in spirit and will send it to you if you promise to return it. The man has been perfectly well since.

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Small-Pox is said to be increasing in Bombay.

The Date of issue of the revised edition of the new Pharmacopeia can not yet be definitely determined. The chirman of the committee on revision and publication states that it is hoped to have it issued during the current year.

Tetanus is said by Sir Spencer Wells to prevail to a great extent in India. During the past ten years 12,000 of the population of Calcutta alone succumbed to the disease. The health officers are making strenuous efforts to abate this.

Sir William Bowman, the well-known inventor of the probes which bear his name and which are used by every oculist, died recently. He was born at Nantwitch in 1816, and while a poor man at the beginning of his professional career, he accumulated wealth, and died full of years and honors.

It Pains Us to learn of the death of Dr. A. B. Reed of Cedar Rapids, Iowa, who was one of the charter members of the Railway association, and had kept up his membership ever since. Dr. Reed was a graduate of the medical department of the Western Reserve University of Cleveland, Ohio, in the class of 1868, and at the time of his death had spent almost a quarter of a century in the practice of his profession.

American International Health Association.—The American International Health Association will meet in the city of Mexico in November, 1892. The Association at present includes Canada and Mexico, as well as the United States, and it is hoped that the Central American Republic may also join at the next meeting. Dr. Watson, Secretary of the Association, while travelling in Mexico, succeeded in inducing the health authorities of that Republic to enter into a plan of international and interstate notification of the outbreak of contagious and infectious diseases, such as already exists between the United States and Canada. The plan is that every state, province and town is immediately advised of the outbreak of disease in any locality, of its nature, the number of cases, etc.

Folk-Lore.—Dr. Joseph Carroll writes: A child was brought to my surgery a short time ago suffering from whooping-cough. In the course of conversation with the child's mother, she told me that she had just met a friend who had a sovereign remedy for this com plaint. I was naturally most anxious to find out what it was, as, in my experience, whooping cough is a most intractable disease. The remedy was this: The child's hair was to be shaved off clean, the hair to be put with a piece of butcher's meat, and the whole then put into the ashpit. A sine qua non to success, however, was to let no one know she had done it. This would be certain to cure the child, "if nothing else would," as her friend put it.

The Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati Oct. 12–14, 1892.

Quills as drainage tubes have been suggested by Dr. Beach, of Massachusetts, and they have been used by him for the past two years for this purpose.

Curious Wounds.—One of our western cotemporaries remarks: Sometime ago, according to the daily papers, a Pennsylvania, man was shot in the oil regions. The wound was severe but not mortal. Later news reports show that there is an even more vulnerable part of the human frame than the oil regions. Last week a Nebraska woman received a wound in the early morning which proved fatal in a short time.

The demi-monde Patients of the female venereal department of a Madrid (Spain) hospital revolted because a favorite physician was removed. They barricaded the wards with mattresses and fired medicine bottles and bricks upon the officials. Military aid became necessary to quiet the revolt, and the mayor of the city commanded in person. Direct attack was unsuccessful, but strategy induced a surrender.

Word-Blindness is defined as the abolition more or less complete of the memory of figured signs. The subject is unable to read letters, syllables and words, the divers figured signs placed before his eyes, while he may be able perfectly to distinguish their form, outline, and general position. "To read is to translate writing writing into words, to interpret an image. In word-blindness, this translation, this interpretation are impossible by the intermediation of sight."

Nasal Irrigation.—A new method of nasal irrigation, a great advance on the much abused nasal douche, has been devised by Dr. J. B. Ball (*West. Drug.*). The apparatus is on the principle of the "wash-bottle" and operated by the patient himself. The tubes are so arranged that while the individual blows into the short tube, the long tube from which the fluid is ejected in a stream, shall enter one of the nostrils. In this manner the irrigating fluid can be thrown up one nostril, and allowed to flow out of the other one.

The Tomato the Apple of Longevity.—Dr. Siccary, a Portuguese Jew, settled in Virginia in the last century (Thacher), introduced (*Pract. and News*) that "admirable vegetable the tomato. He was of the opinion that a person who should eat a sufficient abundance of these apples would never die. Whether he followed his own prescription is not known, but he certainly attained and old age, and particularly for the climate in which he lived. The tomato is raised in abundance in Virginia and the adjoining States, and is regarded a great luxury, and by some is considered a preservative against biliousness."

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List of State Boards of Health.—We are indebted to the Texas *Sanitarian* for this useful list.

Alabama: Jerome Cochran, M.D., State Health Officer, Montgomery.

Arkansas: D. W. Holeman, M.D., Secretary, Little Rock.

California: J. R. Laine, M.D., Secretary, Sacramento.

Connecticut: C. A. Lindsley, M.D., Secretary, New Haven.

Delaware: E. B. Frazer, M.D., Secretary, Wilmington.

District of Columbia: C. M. Hammett, M.D., Health Officer, Washington.

Florida: Joseph Y. Porter, M.D., Secretary, Jacksonville.

Illinois: F. W. Reilly, M.D., Secretary, Springfield.

Iowa: J. F. Kennedy, M.D., Secretary, Des Moines.

Kansas: M. O'Brien, M.D., Secretary, Topeka.

Kentucky: J. N. McCormack, M.D., Secretary, Bowling Green.

Louisiana: L. F. Solomon, M.D., Secretary, New Orleans.

Maine: A. G. Young, M.D., Secretary, Augusta.

Massachusetts: S. W. Abbott, M.D., Secretary, Boston.

Minnesota: C. N. Hewitt, M.D., Secretary, Red Wing.

Mississippi: Wirt Johnson, M.D., Secretary, Jackson.

Missouri: R. C. Atkinson, M.D., Secretary, St. Louis.

Nebraska: F. D. Haldeman, M.D., Secretary, Ord.

New Hampshire: Irving A. Watson, M.D., Secretary, Concord.

New Jersey: Ezra M. Hunt, M.D., Secretary, Trenton.

New York: Lewis Ralch, M.D., Secretary, Albany.

North Carolina: Thos. F. Wood, M.D., Secretary, Wilmington.

North Dakota: F. H. DeVaux, M.D., Supt. Pub. Health, Valley City.

Ohio: C. O. Probst, M.D., Secretary, Columbus.

Oklahoma Territory: J. O. Overton, M.D., Secretary.

Pennsylvania: Benj. Lee, M.D., Secretary, Philadelphia.

Rhode Island: C. H. Fisher, M.D., Secretary, Providence.

South Carolina: H. D. Frazer, M.D., Secretary, Charleston.

South Carolina: C. B. Alford, M.D., President and Secretary, Huron.

Texas: R. M. Swearingen, M.D., State Health Officer, Austin.

Tennessee: J. Berrien Lindsley, M.D., Secretary, Nashville.

Vermont: J. H. Hamilton, M.D., Secretary, Richford.

Washington: A. S. Armstrong, M.D., Secretary, Olympia.

West Virginia: N. D. Baker, M.D., Secretary, Martinsburg.

Wisconsin: J. J. Reeve, M.D., Secretary, Appleton.

Ontario, Canada: Peter H. Bryce, M.D., Secretary Provincial Board of Health, Ontario.

Montreal, Canada: Elgear Pelletier, M.D., Secretary Provincial Board of Health, Quebec.

Keeley Reinstated.—In the matter of the appeal of Dr. Leslie E. Keeley, of Dwight, from the action of the Illinois State Board of Health in revoking his certificate, Governor Fifer has reversed the action of the Board. Dr. Keeley's certificate was revoked June 30, 1891, and the Governor, after examination of a transcript of the records and proceedings in the case, says:

It appears that the certificate was revoked without such notice to Dr. Keeley as the law requires, without such trial as the law requires and without such finding upon the facts as the law requires. The revocation under such circumstances was unauthorized and void. In support of the views here announced, I cite the case of The People for the use of the State Board of Health vs. John C. McCoy (125 Ill., page 289). In that case Justice Scott, delivering the opinion of the court, held that while the State Board of Health had the power to revoke a certificate for "unprofessional or dishonorable conduct" some act or conduct that would, in the common judgment, be deemed "unprofessional or dishonorable" must be proved upon trial and after timely notice. The doctrine laid down by the court in the case seems reasonable, and both the Executive and State Board of Health must be governed by it. The action of the Board in the revocation of Dr. Keeley's certificate, for the reasons above stated, is therefore reversed.

Minute on the Death of Dr. D. Hayes Agnew, Adopted by the College of Physicians of Philadelphia, March 24, 1892.—The death of Dr. D. Hayes Agnew, recently President of the College, in the seventy fourth year of his age, and after a life crowned with honor and usefulness, calls for an expression of the sense entertained by the College of the gravity of the loss which it suffers, in common with the profession he adorned, the charitable institutions he served, and the community in which his skill did so much to lessen suffering and death.

He began his professional life with no adventitious aids; yet by incessant industry, indomitable perseverance, and singleness of purpose he attained to its highest rank. No temptation disrouted his attention from the goal of his life; neither extraneous science, nor general literature, nor the alluremements of art, nor the pleasures of society.

The undivided strength of his mind and his affections were devoted to enlarging the domain of surgery, not only in its operative methods—which he always subordinated to the welfare of his patients, but also in preparing for his profession a literary monument that might speak for him when his voice should be no longer heard.

His minute acquaintance with anatomy and his ambidextrous skill enabled him to perform, with ease to himself and safety to his patients, operations which less accomplished surgeons hesitated to undertake.

He possessed a certain magnetism of manner, quite independent of formality, that evidently proceeded from the heart and drew all hearts to himself. Never frivo-

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lous, but always cheerful, he was dignified, grave and earnest, making all who heard him as a teacher and speaker, or in familiar intercourse, recognize in him, above all other things, the upright man. For he possessed eloquence of conviction and the force of absolute honesty in all his statements and thereby drew to himself as enthusiastic admirers and disciples, the successive classes of students whom he taught.

The College desiring to show respect for the purity, uprightness, unselfishness and modesty of Dr. Agnew's character; its admiration for the noble example of his life; and its sense of the value of his contributions to the science and art of surgery; directs that this Minute shall be duly recorded, and a copy of it signed by the President and Secretary, be conveyed to Dr. Agnew's family. Also, that the College will attend the funeral in a body, and that the President be requested to appoint a Fellow to prepare a memoir of our late colleague. CHARLES W. DULLES, M.D., Secretary.

American Academy of Medicine.—The following topics are promised for discussion at the Seventeenth Annual Meeting of the American Academy of Medicine at the Cadillac Hotel, Detroit, Mich, on June 4, and Monday June 6, 1892.

1. "Essentials and Non-Essentials in Medical Education," the Address of the retiring President, Dr. P. S. Conner, of Cincinnati.

2. "The Value of the General Preparatory Training Afforded by the College as Compared with the Special Preparatory Work Suggested by the Medical School in the Preliminary Education of the Physician," a paper by Dr. T. F. Moses of Urbana, Ohio.

3. "Does a Classical Course Enable a Student to Shorten the Period of Professional Study," a paper by Dr. V. C. Vaughn, of Ann Arbor, Mich.

4. "The Value of a Collegiate Degree as an Evidence of Fitness for the Study of Medicine," a paper by Dr. L. H. Menter, of Chicago.

5. "The Value of Academical Training Preparatory to the Study of Medicine," a Symposium by Drs. H. B. Allyn, of Philadelphia, W. D. Bidwell, of Washington and Elbert Wing, of Chicago.

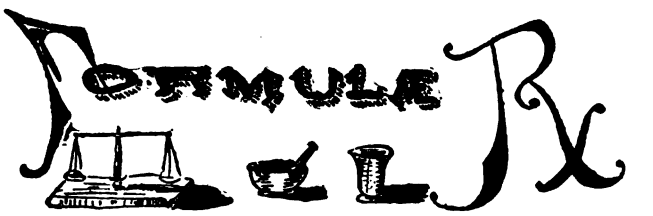
5. "The Newer Medical Education in the United States," a Symposium by Drs. W. J. Herdman, of Ann Arbor, Charles Jewett, of Brooklyn and Elbert Wing, of Chicago.

7. A paper on "Some Phase of the State Supervision of the Practice of Medicine," by Perry H. Millard, of St. Paul.

Some other papers are partially promised and the usual reports may be expected from the committees.

Members of the profession are cordially invited to be present at the sessions of the Academy.

NOW is the time to subscribe for the WEEKLY MEDICAL REVIEW.



Cough of Acute Bronchitis.—Whitaker recommends the following (*Med. News*):

℞ Apomorphinæ hydrochlorat., - gr. j.
Acid. hydrochloric. dil., - - ♏x.
Syrup, - - - - - - ℥iv.
Aquæ menth. pip., - - - ℥jss.
M.
Sig. From one-half to one teaspoonful every two hours.

Constipation in Infants.—We find the following in an exchange:

℞ Calcined magnesia,
Powd. rhubard,
Oleosaccharum of anise, - aa 5 parts.
M.
Sig. Administer a pinch of the above three times a day in the constipation of children of one to two years old; if the infant is only some weeks old, make both the rhubarb and magnesia three instead of five parts. [The oleosaccharum is made by intimately mixing one or two drachms of the essential oil of anise with one ounce of finely powdered sugar.

Leucorrhea.—Prof. C. Braun, of Vienna, recommends (*Am. Jour. Gyn. and Ped.*) in leucorrhea, associated with chlorosis, the following:

℞ Ferri sulph. cryst.,
Kali carbonic. et tartara, - - ℥j½.
Extr. et pulv. r. gentianæ q. s. ut fiant pil. No. 60.
Sig. Two pills, morning, noon and evening.
If the leucorrhea be bloody, then:
℞ Ferri sulph. cryst.,
Kali hydrocarbon, - - aa ℥j.
Ergotin pur., - - - gr.xxiij.
Extr. et pulv. r. liqueritiæ, aa q. s. ut f. pil. No. 50.
Sig. Two or three pills, morning, noon and evening.
If constipation be present, then:
℞ Ferri sulph. cryst.,
Kali hydrocarbon, - - - aa ℥j.
Aloës lucid., - - - gr.xxx.
Sig. A teaspoonful, morning, noon and evening. Or:
℞ Ferri oxydat. dialyzat., - - ℥j½.
Aq. f. d., - - - - - ℥iv.
Syrup. rub. idæi, - - - ℥vj.
Sig. A teaspoonful, morning, noon and evening.
These last two formulæ are well borne by the stomach.

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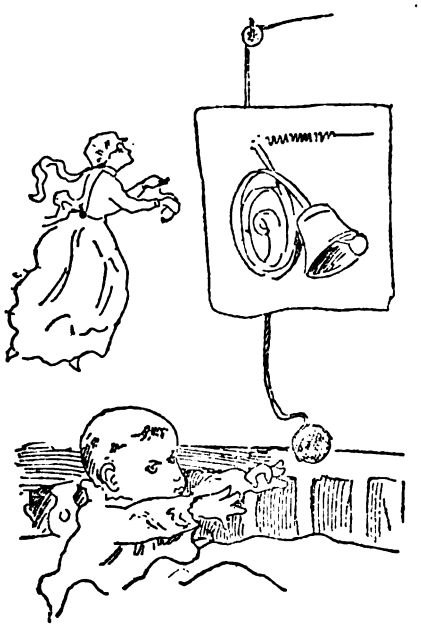
That Altered the Case.—Dr. Pillsbury (to patient): "My dear sir, all you need is plenty of out door exercise. Now, here is a little work that I would strongly advise you to read. It will teach you how to gain and preserve health. Its title is 'Physical Cul ture for the Million,' and—" Patient: "But, doctor—" Dr. Pillsbury: "Well?" Patient: "I wrote that book."

Three of a Kind.—

They had asked Dr. Sandblast, the eminent surgeon, to carve the festal fowl, and he stood over it with the carving knife delicately held in the first position. "The incision, you will observe, gentlemen," he began dreamily, "commences a little to the left of the median line, and—oh, excuse me, Mrs. Parmalee, I thought I was in the—*may* I help you to a little of the femur?"



New and Simple Device by means of which the baby on awaking notifies folks of the fact and gets its dinner promptly without resorting to the time-honored custom of crying and fretting.

The Wabash has ordered 47 locomotives from the Rhode Island Locomotive works at Providence.

The Fighting Ground of the War.—From the beginning to the end of the war, the States of Virginia, Maryland and West Virginia were the constant scene of conflict between the contending armies, and there was hardly a day during the four years, when the sound of battle could not have been heard in one or the other of them.

They are, therefore, rich in associations, and the very names of the stations as they are announced on the trains, passing through this historic region, call up memories of the terrific struggle which took place here thirty years ago. Antietam, Harper's Ferry, Manassas, Spottsylvania, Culpeper, Fairfax, Martinsburg and Appomattox rise in review as we pass; and Gettysburg, the one great battlefield on northern soil is not far distant.

It will be pleasure to the soldiers of the Union to visit these scenes. Thousands there are, no doubt, who have not done so since the war. And now, when the Grand Encampment is to be held at Washington, it will afford an opportunity to the Veterans such as they have never had, to review the numerous battlefields of this region.

In choosing a route to the Grand Encampment, care should be taken to select lines which pass over this historic ground.

From the West, the Ohio & Mississippi Railway runs Through Car Lines to Washington, in connection with the Baltimore & Ohio Road, passing through West Virginia, Maryland and Northern Virginia, with Clarksburg, Martinsburg, Antietam, Harper's Ferry and Maryland Heights on the way, and forming the direct line to Gettysburg.

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MEDICAL REVIEW.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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The Medical Review.

Medical literature is as essential to the successful practice of medicine as the knowledge of therapeutics is to the physician and instruments to the surgeon. The medical mind must be provided with proper food for its nourishment and regeneration as well as the physical organism. As in food so it is in literature and more especially medical literature. We have the heavy undigestible material, that which is easily assimilated, and the slightly nutritious but highly palatable. We have that which inparts vigor and strength, whose ingestion is accompanied by a relish, and whose absorption pervades the entire organism with a certain sensation imparting a general feeling of comfort and satisfaction.

There is no doubt whatever, in our mind, that the medical weekly is to-day the *facile princeps* of current medical literature. It gives a passing review of all that which is valuable as well as novel transpiring in the medical world; and, in addition, it furnishes a chronicle of the events transpiring and of interest to all those concerned in the practice of medicine and surgery While not pretending to supplant the more elaborate and finished periodicals appearing monthly or quarterly, it is a true reflex of these rapid and progressive times.

The question which suggests itself is, "Can no good come out of Nazareth?" We have had the same story continuously dinned in our ears until we have become weary of the monotony which it produces. We continually hear the prating and are regaled with the story that the only medical journals fit to read are published in the "East." While we do not wish to, nor could we if we so desired, cast any aspersions upon our Eastern cotemporaaies, we are nevertheless compelled to deny such wild and unfounded assertions. The West is producing medical journals which will bear favorable comparrison with any published elsewhere in this country. The REVIEW which represents the only weekly published west of the Mississippi River will, in our humble opinion, compare favorably with any of its Eastern cotemporaries. It contains an amount of medical matter such as can be found in no other and, in the matter of news, there is not one which can approach it either in amount or variety. It is not any difficulty in filling its columns that it has to contend with, but rather the problem of selecting from the vast amount of material which is presented and which can not be all utilized.

In view of these circumstances we have taken into consideration a question which we expect to see answered in a substantial and satisfactory manner. It is simply this: Western physicians acting upon the assumption that the East must, of a necessity, produce the best medical journals, subscribe for them in addition to their own publications. That the West can produce just as good, we have had amply demonstrated to us by the constant receipt of opinions voluntarily sent in regard to the REVIEW. Now, what we propose to do is this: We will send the REVIEW to New York, Philadelphia, Boston, Baltimore and our other Atlantic Coast Cities there to find its way in the hands of the profession which is composed not only of physicians of good judgement, but of such as are intelligent, wide-awake, and progressive. They are not aware of the fact, presumably, that the REVIEW exists. We want them to know this and, in addition, we desire them to scan its pages carefully, to note what they find in them and in a fortnight or a month later they will see old acquaintances cropping up, in a somewhat different dress, perhaps, in their accustomed home journals.

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We are as desirous of obtaining the best and the latest in medical literature as others can be and, in view of the existing facilities of the present day, there is no greater difficulty in doing this in St. Louis than there is in New York. There is even this advantage—being situated almost at the geographical center of the country we survey the entire field with an impartial and more just vision and are not afflicted with that myopic condition too frequently manifest further East. The western man has broader ideas; and, although, he may be supposed to be uncultured and "rowdy," he improves upon closer acquaintance and he who will take the pains to inquire will find his intellectual attainments of no mean order.

The only desire we wish to express at present is for our eastern confreres to read the REVIEW. There are many, we are certain, who will not only find much of interest in it, but material that will prove of profit as well. They will learn that the great West, the undeveloped South, the rugged North, and the effete East are all represented with "malice toward none," and admiration for all in so far as good work is concerned. Europe will be found represented, as well as our own country. Our antipodes are not forgotten any more than our Japanese nighbors and this cosmopolitan feature of the REVIEW is one which should recommend it to all intelligent readers of good medical journals. See special offer with subscription blank on ad. page x.

A Plea for a Medically Educated Congressman is made by the Pittsburg *Medical Review* which goes on to say that of all classes of men, physicians probably pay the least attention to politics. This is due in part to the existing prejudice that debars the medical profession from participation in political affairs; but this prejudice, like all others, is unreasonable, and can be justified only on superficial grounds. In the United States, where each citizen is an integral part of the government, duty demands the individual exertion of all men for the common welfare. In consonance with this belief, the *Review* has always considered it a high privilege to advocate such political measures as seemed to promise protection to the public health, and to din into ears that are strangely deaf the primary importance of salutary hygienic laws. There can be no denial of the statement that there is a gradual awakening of public sentiment to the gravity of medical or hygienic legislation, and that in the near future this important question will demand and receive serious attention. It is the plain duty, therefore, of every man, and especially of every doctor, to give what aid he can in the selection of public men who are capable of an intelligent insight into sanitary affairs.

"Sectarianism in Medicine" is not only a fruitful source of discussion in medical journals, but it seems to be a recognized *casus belli* between members of the different schools of medicine (Memphis *Jour. Med. Sc.*). It is to them what a red handkerchief is to a bull—to see it is to excite animosity; what an exposed pate at a Kilkenny election is to a shillalehed opponent—to recognize it is to strike it. This policy creates antagonism of participants, and invites animosity of their respective following. Far from correcting errors which it is intended to combat, it strengthens them; for nothing is so fruitful as opposition in begetting opponents. If the energy bestowed upon these vituperative discussions could be directed to a better understanding of the teachings of the respective schools, and the honesty of purpose which prompts them could lead to a proper recognition of the virtues of each, no harm would come to either, and good would be reaped by both.

Recognition of virtues possessed by homeopathy does not imply adoption of that creed, nor invalidate one's allegiance to regular medicine. The inconsistency of the homeopath in following a like example in regard to regular medicine concerns himself, and need give us no alarm, for there is self-regulation in such matters if left unmolested.

The War Against the Quacks seems, so far as Louisville is concerned, to be under truce just now, the reason being the adverse decision of one of our Judges, and the usual legal technical hindrances of which the irregulars were of course expected to avail themselves (*Am. Pract and News*). "Possession being nine points in the law," it is possible that such quacks as have been doing business for years in the city hang on with a grip that no practicable legislation can break. Be this as it may, there is no reason why we should not bar the door against further intrusion. The lovers of truth and the promoters of legitimate medicine need not despair of final triumph. "The mills of the gods grind slowly, but they grind exceeding small," and the day is not far off when the public will learn that it is better when sick to trust to educated and legally qualified physicians than to put faith in quacks, mountebanks, and over-advertised nostrums.

A Study of Morality has been made by Dr. Albert Leffingwell, who has published a little work on the subject of illegitimacy which has value as a social and medical study (*Med. Rec.*). He has investigated chiefly the statistics of great Britain and Ireland, and he shows that within these islands a great diversity in sexual morality exists. Thus while in some parts of Scotland, out of 1,000 unmarried women, about 20 give birth every year to children, in Ireland the ratio is only about 5 per 1,000. Or, put in another way, the ratio of illegitimate to legitimate births ranges from 80 per 1,000 down as low as 10. The average for Great Britain is about 40 illegitimate births to 1,000 legitimate. The ratio is greater in rural than in urban populations; it is greater in certain counties than in others. The rate is a pretty constant one, year by year, though statistics show it to be gradually decreasing.

After a careful analysis of all the possible factors in increasing or decreasing immorality, Dr. Leffingwell

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comes to the conclusion that the essentials are these: religious teaching, the ease or difficulty in marrying, heredity, racial traits and tendencies. He dwells on the fact that immorality is a constant and fairly regular social factor; so that one can say that in New York City, for example, there will be in the present year 1,500 to 2,000 unmarried women who will give birth to children.

As immorality brings disgrace, shame, and unhappiness, to the mother, and perhaps to whole families, and as it leaves a stain upon the child, Dr. Leffingwell naturally discusses the question of remedies. In the making the marriage ceremony an easy one, the enforcement of some responsibility for paternity, and the inculcation of proper moral and religious principles in the young are the measures dwelt upon and recommended.

Regulating Dispensary Practice is becoming a problem with practitioners. The *Lancet-Clinic* is of the opinion that something must be done to regulate this business or there will be a deep, yawning chasm full of bad feeling existing between the profession at large and the medical colleges. The arguments in favor of some regulation are so well known that a repetition is superfluous.

By chance we heard the other day that the Ophthalmic Hospital had taken a step in this matter, and in order to satisfy ourselves we obtained the following slip, which explains itself:

OPHTHALMIC HOSPITAL AND DISPENSARY, CINCINNATI, O.

It has been suggested that you are not a proper subject for treatment in this Hospital. This institution is for those in poverty and distress *only*, and it will be necessary for you to furnish evidence on this blank from some responsible party that you are a proper person for the recipiency of its charity.

(Signed) ——— ———

Executive Officer, Ophthalmic Hospital.

Date, ———, 189—.

——— ——— is known to me to be worthy of the charity offered by the above institution.

(Signed) ———.

It seems to us that this is a long step in advance, and one that might be adopted by all the dispensaries without detriment to their attendance, but with decided benefit to the medical profession in general.

"Adding a New Terror to Death."—It is not often we find ourselves in some accord with Miss Frances Power Cobbe (*Lancet*). But for once we have that pleasure. She has published a leaflet headed "Adding a New Terror to Death," in which she describes and denounces the too common practice of advertising the symptoms of the illness and sometimes the details of the treatment of any patient whose position in the social or political system is at all important. She says that "deathbeds are desecrated that doctors may be advertised." There is perhaps a dash of her own animus against the profession in this sentence, but she undoubtedly has hit on a tendency which requires repression. The medical profession is essentially a quiet one, dealing with private and personal facts, the divulgence of which is unseemly. Even in the case where the most important lives are at stake the medical facts are the affair of the patient and his fanily alone. This is now much better understood than it was a few years ago, but there is enough truth in the satire of Miss Cobbe to justify our giving it this notice.

The True Specialist, says the Denver *Medical Times*, is a regular physician, who, while doing a general practice, has become noted among his fellow practitioners for his eminent special qualifications in one or more branches of the art of medicine. This fame he has achieved not by blatant appeals to the ignorant and gullible public, but through assiduous scientific application to his chosen department and by his marked and manifest success in treating diseases of special organs or regions. The genuine specialist will eventually almost inevitably limit his practice to his specialty, which in time will engross his whole attention, and he finds moreover that he can reap more benefit and with greater satisfaction by doing one thing very well than by doing a great many things fairly well.

The Medical Witness should refuse to submit to the partial questioning of lawyers, who only seek half truths or falsehoods as they may aid the case says Dr. T. D. Crothers (*Times and Register*). He should have ample opportunity to study and formulate his opinion, and group all the facts and authorities which sustain such views. He should have an opportunity to come in court and explain such views further for the benefit of the court and jury. The counsel should not be permitted to criticise or question except through the court, and the witness should have ample time to answer. Thus the inquiry of the scientific side of the case would be conducted with judicial fairness and command the respect of all. No medical witness should be required to go on the stand and give explicit answers to misleading or ignorant questions. He should have the same privilege of a judge to study the evidence and form his conclusions at leisure, and have all the facts carefully studied. The evidence of the case, so far as it bears on the scientific side, should be submitted to the physician, who would, after due study, present it to the court and jury. The present methods are a mockery of science and truth, and some new plan must be devised and adopted practically in the near future.

The Indiana Medical Journal has passed into the hands of a stock company. Dr. Frank C. Ferguson, its former editor and publisher, has retired and in the future Drs. Alembert W. Brayton and Theodore Potter will attend to the editorial end of our Hoosier cotemporary.

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Ether in Incarcerated Hernia.—Dr. C. M. Fenn publishes the following (*Jour. Am. Med. Asso.*): Some time ago a middle-aged sporting man, with the following history came to the County Hospital, three miles from the city, and then under my service. Five days previously he clandestinely occupied a bed in one of our hotels, hoping to speedily reduce a chronic inguinal hernia. Failing in this a physician was summoned who, meeting with no better success, gave him an anodyne and left him for the night. On the following day a consultation was held which was interrupted by the landlady ordering the trio out of the house! During the next forty-eight hours, at his new quarters, four doctors were in frequent attendance, and finally decided that operative interference was imperative. At our interview on the fifth morning, I learned that stercoraceous vomiting and anorexia had been present, with other symptoms, yet he had survived the jaunt of three miles, and after a good night's rest, was in fine condition. As I was en route to visit a pressing case, frequent applications of ether were ordered, meanwhile, as at least a good preparatory treatment. He was also placed in a position for taxis which I believe to be in a measure my own, as well as a most helpful one in such cases. The hips were elevated upon the back of an inverted chair, to an angle of about forty-five degrees with the abdomen. Feet with toes turned in hung over the highest or last round of the chair. In this position, differing somewhat from the descriptions of authors, gravity becomes vis a fronte which efficiently supplements the vis a tergo, or manipulation of the surgeon, and is a ready method for relaxing the muscles and fasciæ involved.

Upon my return a stimulating enema was ordered which dispersed the intestinal flatus. After this and a brief attempt at taxis, I was pleased to see the intestine return to its proper receptacle. Convalescence was rapid and complete.

Hypertrophy of Heart from Excessive Use of Tobacco.—Prof. Da Costa, in a clinical lecture (*Med. News*), stated that W. N., a barber, nineteen years old, had been an excessive smoker of tobacco for eight years, smoking from eight to twelve cigars a day. Three years before appearing at clinic he was seized with a paroxysm of palpitation of the heart, and thereafter the paroxysm had been often repeated. There also had been frequent attacks of vertigo, at times so intense as to cause staggering when he walked along the street. Three months before the patient was seen, after engaging in active physical exercise, he was suddenly seized with hemoptysis, expelling three or four mouthfuls of pure blood. In the following month he had, within a short period, at different times, five further attacks of pulmonary hemorrhage. The last attack had occurred two weeks prior to the appearance of the patient at clinic. The appetite was preserved. Digestion was well performed. The bowels were constipated.

The area of cardiac percussion-dulness was increased beginning at the right border of the sternum and at the upper border of the left third rib. There was slight relative impairment of the percussion-resonance at the left apex. The vesicular murmur was roughened at both apices, in greater degree on the right.

The urine was acid in reaction; it had a specific gravity of 1020, and contained neither albumin nor sugar.

The patient was put upon the following prescription:

℞ Sodii bromidi, - - - - ℥iv.
Tinct. aconiti, - - - - ♏xlviij.
Syrup. zingiberis, - - - ad ℥iij.
M.
Sig. ℥j three times a day, in water.

At the expiration of two months the symptoms had disappeared, the pulse was 84, and the patient considered himself cured, although the physical phenomena of enlargement of the heart persisted.

Chemotaxis.—The study of bacteria and their products, with reference to disease and immunity, has brought into use (*Med. Rec.*) a new word, and there seems to be some discrepancy as to its meaning and spelling of it. The word is so new that it does not appear in Foster's Encyclopedia Dictionary nor in the Century Dictionary; yet, current medical journals have to print it very frequently. If we understand it correctly, chemotaxis is the influence which certain chemical substances possess of attracting or repelling living cells. Thus the bacteria of inflammation produce a substance which attracts the leucocytes, causing purulent foci and inflammation. The term "chemotropism" is used by some, and the word chemotaxis is spelled chemiotaxis by others. "Chemotropism" is also spelled sometimes "chematropism." It would be well if the bacteriologists would get together and agree a little better upon definitions and orthoepy.

Urinary Organ Disorders.—There seems to be no class of ailments so annoying and difficult to reach, and at the same time so prevalent as those affecting the urinary organs. This is especially true of many men of middle age, and especially among those of sedentary habits. It is no doubt true that there is not a physician who has even a moderate practice, who has even a moderate practice, who has not at least one case of cystitis, urethritis, or some other allied trouble. The remedies that have been popular for many years, such as buchu, uva ursi, juniper, cubebs, acetate of potassium, etc., do not prove curative, but only either temporarily alleviate or render no relief at all. Nothing new has

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been presented to relieve this large class of sufferers, until attention was called some years since to tritica, (*Omaha Clinic*) a new remedy. Dr. H. J. Penfold has used this preparation with much benefit to his patients, after other remedies have proved of no avail. Tritica is a valuable remedy in inflammatory diseases of the urinary tract, and also of the alimentary when there exists a torpidity of the secreting structure, promoting digestion and overcoming constipation. He deems it not necessary to give it in larger doses than one drachm and in chronic cases not oftener than three times each day.

Extensive Fracture of Skull.—Dr. S. B. Fowler writes an account of a case, in the Nashville *Journal of Medicine and Surgery*, in the course of which he says that he found the parietal bone broken into ten fragments. One inch of the temporal bone was broken off. At least an inch of the occipital bone and a small part of the frontal bone were broken loose. The physicians decided that all the fragments, blood-clot, etc., must be removed. After removing the fragments and the blood-clot, they washed off the membranes of the brain, and applied an aristol gauze compress, putting the flap over the gauze, and applied a bandage. The patient began in a few minutes to mutter and bat his eyes, and it was not long until he could articulate. At the end of four days the parts were dressed, and a drainage tube put under the flaps at the lower end of the wound, and flaps sutured with silver wire. The wound was dressed twice per day, and kept well drained for about twenty days, when the wound completely healed. There was considerable suppuration, but no other bad symptoms. The patient, at the time of writing, three months after the operation, was going whereever he desired without trouble.

Antiseptic Treatment of Burns.—Mr. A. E. Maylard, B. S., Glasgow, has had great success in the antiseptic treatment of burns (*Bact. World*). His method is as follows: The clothes having been removed, the wound is washed with a solution of perchloride of mercury (1-2000), then covered by green protective (oiled silk) steeped in the solution. Over this is placed a piece of boracic lint, wrung out of the same solution, and this is again covered by gutta percha tissue. The whole is enveloped in sublimated gamgee tissue and then bandaged.

The advantages claimed are:

1. The parts are sterilized by the burn, and are kept sterile.
2. No active inflammation takes place, and hence no further death of tissues.
3. No copious discharge.
4. Infrequency of removal of dressings.
5. Little or no pain connected with such removal.
6. No offensive odor.
7. The necrosed tissue is rapidly thrown off by the growth of healthy granulations.
8. The resulting cicatrix is the least possible, from the fact that the parts are preserved, which might otherwise, from septic influences, have died.
9. The process of healing is unimpeded by any local disturbances.

Sexual Perversion.—This subject is attracting much of the attention of psychologists at present. For this reason we present Lydston's classification of sexual perversion which is as follows:

I. Congenital and perhaps hereditary sexual perversion.	*a.* Sexual perversion without defect of structure of sexual organs. *b.* Sexual perversion with defect of general structure, *e. g.*, hermaphroditism. *c.* Sexual perversion with obvious defect of cerebral development, *e. g.*, idiocy.
II. Acquired Sexual Perversion.	*a.* Sexual perversion from pregnancy, the menopause, ovarian disease, hysteria, etc. *b.* Sexual perversion from acquired cerebral disease, with or without recognized insanity. *c.* Sexual perversion (?) from vice. *d.* Sexual perversion from overstimulation of the nerves of sexual sensibility, and the receptive sexual centers, incidental to sexual excesses, and masturbation.

Bone in the Throat—Two Cases.—Prof. T. S. Wight, M.D., says (*Med. and Surg. Rep.*): I wish to make a note of two cases which recently came under my observation: one, of a patient who said she swallowed a bone; and one in which a bone was found in the throat. I am induced to report these cases because the subject is always important, and because the treatment in one differed from that in the other.

Case 1.—A middle aged woman of hysterical temperament thought she had swallowed a bone; and felt it in her throat, as she pointed out, near the top of the sternum. Her family physician could not make her believe that the bone was not in her throat, and so she continued to feel it for several days. I saw her, and after the doctor gave me the clinical history, and when I made an examination, I told her that she was mistaken as to the bone being in her throat; and I told her that at the bone went down it scratched her throat, and that she still felt the scratch. After I passed a tube through the esophagus into the stomach she felt much better, and came to the conclusion that the bone had gone into the stomach. In a few days she entirely recovered from her depressed and anxious state, and was soon as well as ever.

Case 2.—Recently a very stout gentleman came into my office saying he had a bone in his throat. He had every appearance of being a true sufferer; he had difficulty of breathing and was expectorating somewhat profusely. On inspection I could not see anything in his throat. Then I wound a bandage around my left fore-

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finger, leaving the end of it exposed, and passed it into his throat as far as I could; I thought I could feel a small bone on the left side down as far as my finger reached. The object of the bandage was the protection of the finger against the action of the patient's teeth. Then I passed down a pair of angular throat forceps, and closed them upon what seemed to be the foreign body. The mucous membrane got slightly nipped, and as I withdrew the instrument its jaws tightly held the piece of bone, which was exactly seven-eighths of an inch in length and about one twentieth of an inch in diameter. The relief was immediate.

Alcoholic Insanity.—Dr. S. V. Clevenger says in the *North American Practitioner* that acute alcoholic insanity may be a toxemia as is delirium tremens, but sometimes the brain alterations are so profound as to institute chronic alcoholic insanity which may be classed among mental ailments due to coarse brain disease.

The English alienists following the leadership of the West Riding Asylum classification do not distinguish clearly between *mania a potu* and delirium tremens. Clouston of Edinburgh, Krafft-Ebing of Germany, and our American Spitzka, make a clear distinction between all of these phases of alcoholism. Chronic alcoholic insanity is rarely seen outside of asylums, where its victims are gathered in considerable numbers.

It is not always an easily recognized psychosis until the delusions which are often hidden are manifested, and these are so characteristic as to be unmistakable.

Interesting Case of Syphilis.—Dr. T. Emmett Blackshear reports a case as follows: Mr. J. V——, a young man, twenty one years of age, was first seen July 5, 1891. Had been for eight months under treatment for syphilis, and all the while growing worse. Was very much prostrated, and was suffering with an immense abscess on the outer portion of the upper third of the left thigh; also, one on the left side of the neck. Had, moreover, a large tumor on the right side of the neck, and a still larger one on the back, both tending, of course, to suppuration. Prescribed Verrhus Clemiana, two teaspoonfuls four times a day, to be increased in two weeks to four teaspoonfuls.

At the expiration of two weeks the abscess on thigh was discharging profusely, general appearance of patient improved and he reported himself as feeling much better. Ordered the dose increased gradually to six teaspoonfuls, four times daily. At the expiration of six weeks the abscess on thigh was still discharging freely; the one on the neck scarcely at all. Ordered the suspension of the medicine for a week, during which time the discharge from abscess on thigh diminished perceptibly; the one on neck ceased entirely. On resuming the medicine, the discharges from both abscesses became again profuse, and so continued for about two weeks longer, when they began to subside; the tumors began to diminish in size, and in four months from the time the treatment was commenced, all symptoms of the disease had disappeared. Advised him, however, to continue the medicine a few months longer.

Treatment of Cracked Lips.—The following occurs in an exchange. Ordinary cases of cracked lips may be effectually dealt with by keeping them constantly smeared with "lip salve." The salve best for this purpose is made rather stiff, and without the red coloring matter usually added. The patient must carry a small box always with him, so that the application may be renewed as soon as the lips begin to dry. If there are deep cracks bordered by thickened epithelium it is sometimes good practice to pare down the hard margin.

Winter Cough and Nose Obstruction.—Mr. Mayo Collier says (*Lancet*) that the frequency of chronic winter cough, laryngeal catarrh and cold in the head is unfortunately, in this country, Europe and America, notorious. He has recently shown from the examination of over 1000 living and 5000 dried skulls that some irregularity of the nasal septum, causing more or less obstruction to nasal respirations, is a constant feature of nine out of every ten persons living in those countries. Facts are steadily accumulating, and the conviction is becoming established with many who are competent to judge "that chronic winter cough, laryngeal catarrh and post-nasal catarrh, with all their consequences, are in the majority of cases the direct result of breathing unfiltered, cold and dry air that has not passed through the proper respiratory gate." This proposition can only be refuted by the evidence to the contrary, and established by showing that every person suffering from winter cough or laryngeal catarrh, or a majority of these, has some marked obstruction in the nose. This investigation is now proceeding at several centers, and it is with the object of still further directing attention to the subject that he writes.

Phlegmasia Dolens Following Influenza.—Mr. C. Alex. Ducket, says (*Lancet*): Although phlegmasia dolens is a disease which occurs chiefly in the puerperal state, I have seen it lately in three cases of influenza, all of which bore striking resemblance to each other. Instead of the temperature going down, as is usual in an uncomplicated case, it kept up. There was great pain in the groin and upper part of the thigh, quickly followed by swelling, which extended over the whole limb. This rapidly increased, so that in two days the limb was twice as large as the non-affected one. The swelling was of a very solid nature, and did not pit upon pressure. There was not the least alteration by raising the leg. This state of things lasted for ten days, under the usual treatment, when the pain grew less, the limb softer, and the temperature fell to 99.8°. All three patients were affected in the left lower extremity, and were very restless. The obstructed vessels could be easily felt as hard cords. I may mention

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that the above patients were not subject to varicose veins, and although married women with families, were never before troubled with their legs. The frequency of phlegmasia dolens in the lying in period is attributed to the combination of slowness of the circulation with a varicose condition of the veins plus an extra amount of fibrin in the blood. May we not have exactly such a state of things during influenza?

Danger of Counter-Irritation in Localized Tuberculosis.—According to Parrachia Anacleto, counter-irritation in localized tuberculosis is attended with great danger. Miliary tuberculosis spreads so rapidly from one organ to the other by way of the veins and lymphatics that any irritation set up at the seat of the primary mischief cannot fail to increase the tendency of the disease to become general. Four cases which have recently come under his notice show this in a remarkable degree. Tuberculosis progresses slowly but it allows of no violent remedies, and he thinks until some method of treatment more successful than either the injection of tuberculin, or cantharidate of potash, or the application of blisters has been discovered, the danger of causing general infection by their adoption will still remain.

Adenoid Vegetations of Pharyngeal Vault.—Dr. Emil Mayer says (*N. Y. Med. Ex.*) that much attention has been given of late years by rhinologists to adenoid vegetations at the vault of the pharynx. The technical term of this condition is hypertrophic posterior nasal pharyngitis. Under the microscope we find the adenoid tissue of His, containing quantities of lymph-cells, some conglomerate glands and follicles, and freely supplied with blood-vessels. There is a peculiar deadness of the voice, the nasal respirations are oftentimes impeded, the patient snores and is a mouth-breather, to the detriment of the pharynx and larynx. There is frequent pressure upon and occlusion of the mouth of the eustachian tubes, causing deafness and tinnitus aurium. The diagnosis can be readily made by introducing the finger up into the posterior nares, a peculiar wormy feeling being noticed.

The means for removal of these are many, in the shape of cutting-forceps and curettes. Nearly every prominent rhinologist pleads guilty of having introduced his own forceps. One gentleman, at a recent meeting of the laryngological section of the Academy of Medicine, stated that he das eighteen different cutting-forceps, all of which he takes along when he goes to operate for this trouble.

The Gradel forceps is by all odds the best instrument for this purpose, removing large or small masses at one sitting. The bleeding which follows is rarely considerable. A spray of some antiseptic, which has previously been made very cold by packing the bottle in ice, checks it. The operation can be performed with cocaine or under ether.

Various neoplasms occur in this region—naso pharyngeal polypi and the like—which need mention here only; careful rhinoscopic examination only can detect their presence.

Scale of Digestibility.—The following comparative scale of digestibility is given by M. Navarre (*Lyon Med.*):

1. Aliments always easily digested. Coffee and milk well sweetened; boiled brains; soft boiled eggs, or boiled soft; white meat of broiled fowl without skin or fat; the following fish boiled, broiled with butter, or fried in crumbs—trout, sole, perch, smelt, gudjeon, French sardine; all green vegetables, boiled and then cooked in butter or with a white sauce; sweet milk compounds; very sweet side dishes; very sweet and thoroughly cooked jams; sweetened rice; puree of potatoes; dry biscuits; calf sweetbreads, not larded; well-cooked bread; very sweet fresh cream.

2. Aliments tolerated less easily and of which a patient can only eat a small quantity. Asparagus out of season; rice and butter; roasted veal; roast-beef; roast pigeon; wild duck; pot-pie; smoked ham; fois gras; broiled mutton kidney; partridge; quail; snipe, turbot, salmon, ray, oysters, various shell-fish, fresh cod; potatoes with jackets; swiss cheese and others which are fresh; boiled calves feet; sheeps feet; tripe, new potatoes cooked in butter and, in general, all sauces except the white.

3. Aliments always badly supported, even in very small quantity. Fat soups; mutton (leg and chops); all larded meats, all black meats, all game except that mentioned above; pork and sausages and kindred meats; mackerel, mullet lobster, crabs, sardines in oil, salt cod-fish; fried potatoes, and in general, all fried dishes; raw side dishes, raw salads, and all dry vegetables even in purees; made cheeses.

Glycerine in Hepatic Colic.—Ferrand recommends the use of glycerine in hepatic colic. In the relatively large doses of 30 to 40 grammes (7½ to 10 drachms) it determines an end to the attack. Taken in doses of from 5 to 15 grammes (1¼ to 3¾ drachms) daily in a small amount of alkaline water, it prevents fresh attacks. It would appear from this that glycerine is an excellent remedy for biliary lithiasis on account of its ready absorption by the lymphatics and particularly by the vessels which communicate from the stomach to the liver.

The Cause of Hematuria.—The cause of hematuria is spoken of by Mr. Hurry Fenwick (*Prov. Med. Jour.*) who states that if difficulty was encountered in fixing upon the source of early hematuria much greater was the perplexity in estimating the cause which had evoked the hemorrhage, especially in the "symptomless" variety. I have collated for my own guidance the histories given by my patients of their

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symptoms together with the diagnosis of the cause of the hemorrhage, obtained in many instances by means of the electric cystoscope and verified by time or operative procedure. From these synopses I have deduced certain rules which, though they are rough and ready, are, in the main, reliable. I will divide them into two classes: (1) hematuria without co-existing symptoms—symptomless hematuria; (2) hematuria with symptoms.

1. SYMPTOMLESS HEMATURIA, in which the prostate and the urethra has been found free of disease.

Onset sudden. Course intermittent. Painless for months. Urine without pus	Renal	Blood usually profuse and bright; intimately mixed	Renal cancer	
		Blood moderate, but bright; intimately mixed	Granular kidney; renal syphiloma; cardiac disease	
	Visceral	Blood intimately mixed but probably noticed pure at end of clear micturition at some time or other	(a) Under middle age	1. Sessile or short pedicled benign growth. 2. Epitheliomatous tumor of posterior walls or sides
			(b) Over middle age	Epitheliomatous tumor of posterior wall, or at least away from urethral orifice. Rare benign cases.

2. HEMATURIA WITH SYMPTOMS.

Hematuria preceded by pain in the loin.	Frequency marked at night; pus and debris passed usually in early stages		Primary tuberculosis of kidney.
	Frequency of micturition relieved by rest at night; pus in later stage		Stone in kidney
	No frequency in earlier stages and without renal colic		Growth of bladder occluding or dragging on lips of ureter
Hematuria preceded by pain in the glans penis on urination, by perineal pain, etc.	Youth & young adult	Frequency of micturition diurnal	Prostatic trouble of sexual indulgence; stone
		Frequency nocturnal also	Primary tubercular or catarrhal ulceration
	Middle age	Calculous cystitis; hemorrhagic cystitis; infiltrating cancer; hard epithelio-matous ulcer with cystitis; cancer near neck of bladder	
	Old age	Great pain	Stone; carcinoma of prostate
		Moderate pain only on micturition	Prostatic enlargement.

Diabetic Diet.—Dr. Lauder Brunton (London) advocates as an article of diet useful to diabetic patients, the pommes de terre frites, as cooked in France. They are not really fried, but the potatoes are cut in very thin slices, thrown into boiling oil, which browns them at once, and then they are taken out and dried. As a rule, English cooks, in attempting to make this dish do not use enough oil, and they do not allow it to heat enough. They serve excellently to relieve the monotony of a purely proteid diet.

Tinnitus Aurium.—Dr. Louis Lewis states (*Times and Register*) that subjective impressions of sound, or noises heard from within the head, are produced in just the same way as objective impressions from without. Hearing is excited, in both cases, by vibrations communicated to the labyrinth, and thence telegraphed by the auditory nerve to the sensorium, and the more forcible the vibrations the louder the sound. Vibrations may likewise be carried directly to the brain, through the petrous part of the os temporalis, which is in touch with the adjacent cranial bones; but these sounds are vague and indefinite, being conveyed independently of the apparatus specially devoted to audition.

Impressions from without are, of course, of infinite variety, while those arising from within are about limited to sounds of "buzzing," "humming," "jingling," "rushing;" and "roaring;" all comprised under the name of "tinnitus aurium." These sounds may be simply due to impacted wax in the external passage, or to decayed teeth. But they may occur in many diseases of the organ of hearing, as gout and rheumatism of the ear, inflammation of the auditory nerve, or of the semi-circular canals (Meniere's disease), catarrhal congestion of the eustachian tube, etc.; in some brain affections, as cerebral hyperemia, congestion, inflammation, and aneurism; in hysteria, nervous exhaustion, migraine, valvular disease and functional disturbance of the heart; in some exanthemataus fevers; occasionally, as a warning of epileptic seizures and "change of life," and as a sequel of grippe. The internal administration of certain drugs will also give rise to tinnitus, as quinine, salicine, antipyrine, and their compounds, large doses of iron, and some narcotics. Many persons can readily evoke peculiar sounds by contracting the tensor tympani muscle, and drawing the membrana tympani inwards, during the acts of swallowing, yawning, "blowing the nose," etc.; these, however, are not truly subjective impressions, and they certainly do not come from without. They are produced from within by mechanical means. True subjective sounds may also be excited by electricity.

Tubercular Infection.—J. W. Dupree says, in the course of an article on tuberculosis (*N. O. Med. and Surg. Jour.*), that Fox has shown that only twenty-five per cent of tubercular disease is in any way connected with heredity. The belief in the innocuity of tubercle has perhaps had as much to do with the non employ-

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ment of preventive measures as has heredity, and until the infective nature of consumption is recognized, no progress can be made, either in its prevention or its restriction. Clinical observation and experience have long pointed in this direction; as early as the fifth century before Christ, Isocrates believed that consumption was contagious. Aristotle states that its contagiousness was a common belief among the Greeks. Galen regarded it unwise to pass even a day with a consumptive. Valsalva avoided the dissection of the lungs of persons who had died of consumption, believing himself predisposed to the disease. The illustrious Morgagni foresaw its infectious nature. Andral and Lænnec suspected it; in fact, in every age since medicine began its history, philosophical bedside observers have recognized its communicability, but were unable to prove it to the satisfaction of others. In recent years, however, clinical evidence has accumulated to such an extent and of such character as to establish its contagious nature. Numerous instances have been recorded, where houses occupied by consumptives have become infected and have conveyed the infection to others; a topographical study of tuberculosis by Dr. Laurence Flick, of Philadelphia, shows that houses occupied by consumptives became centers of infection, and that deaths occurred in them for an indefinite time, some of which in a period of twenty-five years furnished as many as eight deaths from tuberculosis. Cornet has shown that nurses of consumptive patients die more frequently from tuberculosis than do persons engaged in other occupations. Among the nursing orders of Germany the mortality rate from this disease is 62.89 per cent., while among its people at large it is only 23.78 per cent.

Care of the Nipple.—Dr. Virginia M. Davis lays the following course of procedure in the *Am. Jour. of Obst. and Dis. of Women:*

The first feature in the care of the nipple is cleanliness, and, second, the regulation of the flow of milk so that an undue amount of suction is not requisite to the proper emptying of the breast while the nipple is tender and as yet unaccustomed to suckling. The necessary degree of cleanliness can be had with safety to mother and child by the free use of borax water, washing the child's mouth and the nipple before each nursing. Limitation of the frequency of suckling is effected by the binder, the means which also best prevents engorgement. For the adaptation of the nipple to its function, the so-called hardening, astringent preparations seemed to me irrational, and the very limited trial given them was unsatisfactory. The natural means of rendering the skin pliable and epithelium cohesive, of preventing cracking and chapping, is by oil, and from this, when faithfully applied, results have been most satisfactory. When the nipple was left without any treatment, save washing, five out of six women had sore nipples. With my present method—although it is not carried out faithfully, owing to the indifference of hospital patients to anything systematic devised for their good, except sleep and meals—two out of six have sore nipples, and I believe this number could be much reduced. I tried a number of oily combinations, but, upon the suggestion of Dr. J. C. Thomas, adopted the one which I have since continued to use as by far the most successful.

℞ Tincturæ benzoini compositæ, - gtt.xv.
Olei olivæ, - - - - - ʒij.
Lanolini, - - - - - ʒvj.
M.

This ointment is applied to the nipple after each nursing for the first ten days or two weeks; and where it was really so applied and suckling was not excessive, I have not yet seen a case of sore nipples. Even if the nipples are tender and slightly fissured, they heal better under this treatment than under anything else I have used. I begin the application of the lanoline with the onset of labor, four times daily till lactation is established; and with a set of cases in which a preparatory treatment of the same was used for ten to fourteen days before labor, the results were even better.

Physical Condition of School Children.—From an inquiry into the physical and mental condition of English school children, Dr. Francis Warner comes to the conclusion that cranial abnormalities appear to be the most important defects in development. The size and probable volume of the brain is of the first importance, and in a child the size of the cranium is a fair indication of this. He gives the following measurements as the normal circumference of the cranium of a well developed child: At 9 months, 17.5 inches; at 12 months, 19 inches; at 7 years, 20-21 inches. Out of 50,000 children, 26,884 boys, and 23,143 girls, he found 327 boys, and 738 girls with small heads; these may have an average mental faculty, but seem more liable to break down of the nervous system; 257 boys, and 46 girls had large heads, mostly due to rickets. Asymmetrical heads were found in 100 cases, but did not appear to have any marked correlation with other defects. The palate was ill shapen in 1,331 children, standing next to the cranium, both in frequency and in a high correlation to defectiveness. The palate was examined in all children. The frequency of the various types has been given, but their relative correlation was not determined: there were 22 cases of cleft palate in the 50,000 children.

Marriage and Disease.—Dr. Strahan, in his work on "Marriage and Disease," favors the idea that laws should be passed to prevent people with certain diseases from being allowed to marry, though he has to admit that the time has not come for carrying such a proposal into effect. He proposes that women under 18 years of age should not be allowed to contract marriage, on the ground that the children of such marriages are generally feeble and cowardly. This is certainly not always the case. If a girl under 16, he argues, cannot enter into "a temporary contract," she should not be

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allowed to enter into a permanent one; "if she is unable to choose a lover, as she most certainly is, she is unable to choose a husband." This seems to us fallacious reasoning says the *Brit. Med. Jour.* In this country, by the Criminal Amendment Act, a girl under 16, however well developed, can choose or accept a lover and then appear in the witness box against the man, who is liable to two years' imprisonment. The reason assigned for this law was that there was danger to public morals from the lewd intercourse of young persons in some places. This could not, of course, be urged against early marriages, which are rare in our country. Yet Dr. Strahan, in a scandal with young but nubile girl, would prevent the man repairing their position by marrying her. He does not tell us what penalty he would recommend for an early marriage.

Treatment of Old Ulcers.—Ulcers, when they become old are prone to assume a chronic form and in many instances all local measures seem to be powerless in producing any good action so far as repair is concerned. In such cases good results will follow if internal treatment be conjoined with the local, and for the former purpose there is probably nothing superior to citrate of iron and quinine which may be given as follows;

℞ Ferri et quiniæ citratis, - - ʒjss.
Syr Aurantii corticis,
Aquæ destillat., - - aa ʒij.
M.
Sig. A teaspoonful before each meal.

Epilepsy and Head Injury.—After a careful review of the whole subject of the relation of epilepsy to head injury Dr. Putnam of Boston concludes that we need not hope in all cases of injury to prevent convulsion by early trephining and care bestowed upon the wound, and he points out that the local and general injury of the brain are probably of the highest importance in those cases, and quite independent of fracture. He regards of great importance the general treatment of the brain by means of cold applications and prolonged absolute mental rest. As to the cause of the convulsions which occur after injury, he thinks it necessary to seek for some further explanation than mere local irritation, especially in view of the fact that a considerable interval so frequently elapses between the accident and the first convulsion, and he suggests as the cause of the convulsions a degenerative process which increases gradually in extent and probably in intensity. He throws out the suggestion that trephining, for the sake of exploring the condition of parts, may possibly be desirable in the case of patients presenting themselves for the first time after the injury, but before the outbreak of the convulsions, in order to make sure that there is no local condition present which may give rise to irritation or may be the starting-point of degenerative processes.

Cincinnati Letter.

Editor Medical Review.—The past two weeks have been given up to Alumni meetings and commencements. With the graduation of the class of '92 of the Woman's Medical College, the commencement season came to a close. The various colleges of this city have graduated 113 doctors and 75 dentists this spring.

Prof. W. W. Dawson has been in poor health for same time. He took a trip to Florida in hopes of regaining strength, but after a two weeks' trial, he returned and placed himself under the care of Dr. James F. Whittaker, his colleague and next best friend. The distinguished surgeon is at the Good Samaritan Hospital, and receiving the tenderest care of the Sisters of the Hospital of which he has been the Chief Surgeon for years. Dr. Dawson's long connection with the Ohio Medical College, as the Professor of Surgery, as well as his reputation as a great surgeon, has made his name widely known, and thousands of friends watch the bulletins from the hospital with personal interest. Dr. Dawson is some better, and hopes are entertained of his recovery.

The new officers of the Cincinnati Academy of Medicine are as follows:

President.—Dr. George A. Fackler.

Vice-Presidents.—Dr. Gustav Zinke, Dr. W. S. Tingley.

Secretary.—Dr. T. V. Fitzpatrick.

Treasurer.—Dr. George E. Jones.

Librarian.—Dr. H. K. Rachford.

Trustees.—Dr. W. F. Langdon, Dr. C. D. Palmer, and Dr. W. H. Wenning.

At the last meeting of the Cincinnati Medical Society, Dr. J. A. Thompson read a paper on "Adenoid Vegetations of Naso-Pharynx." Dr. Rufus B. Hall presented some interesting pathological specimens and discussed the same in an able manner.

The class of '92 at the thirty-second commencement of the Miami Medical College was composed of twenty members. The graduation exercises took place at the Odeon. The annual address was by the Dean, Dr. W. H. Taylor, and Dr. Chas. C. Caldwell was the valedictorian. The faculty prize was awarded to Mark Millikin, of Hamilton, and John Gay Williams, of this city. There was a tie between the contestants. The Dr. Sattler prize for best examination on the "eye" was carried off by Willard Curtis Rank, of Newark, Ohio. The Dr. Millikin prize on "Therapeutics" was awarded Frank Benham Gregg, of Springfield, Ohio.

The seventy-third commencement of the Ohio Medical College took place at the Odeon, Thursday evening. This year's class only contained thirty-five members, which is due to the fact that the four years' course is now in effect. The annual address in the absence of the Dean, was by Prof. P. S. Conner. The valedictory address was given by Prof. P. S. Conner. The award of prizes was as follows: Faculty prize to Dr. Wallace Johnson, of Middletown, Ohio; Obstetrics and Gynecology, to Dr. E. E. Clark, of Ashbury, Ohio; Bandaging, to Dr. J. F. Thomasson, Newport, Ky.; Surgical Drawing, to Dr. A. C. Seely, of Carysville, Ohio; Honorable Mention, to Dr. Jacob Brite, of Cincinnati, and Dr. E. Goodman, of Lindwood, Ohio. The following are the appointments of the members of the class as to the hospitals: Resident Physician, Good Samaritan Hospital, Dr. Basil Creighton, of Manitou Springs, Col.; Dr. Harry Hays, of Kansas City, Mo.; Dr. Alois J. Wilkie, of Cincinnati. Resident Physicians to the Cincinnati Hospital, Dr. R. K. Hutchings, of Madison, Ind.; Dr. J. R. Brite, of Cincinnati; Dr. Wallace Johnson, of Middle town; Acting Assistant Surgeon, Soldiers Home at Dayton, Ohio, Dr. Frank Fife, of Wilmington, Ohio.

The second annual commencement of the Presbyterian Woman's Medical College was held at Sinton Hall. The introductory exercises consisted of a fine musical program furnished by Miss Bauer, of the Conservatory of Music. Dr. Geo. B. Orr, the Dean, gave an interesting address showing the College to be in a flourishing condition. The annual address was delivered by Rev. Bhas. A. Dickey, D.D., of Philadelphia. Dr. Chauncy D. Palmer, was the valedictorian. Mrs. Alexander McDonald, President of the Board of Trustees, in a graceful address, conferred the degree of doctor of medicine upon the graduates, Mrs. Louise J. Lyle and Miss Selina Bloom, both of this city. A delightful supper followed.

The class of '92 of the Woman's Medical College was composed of three members. The graduation exercises took place in Sinton Hall. Prof. George A. Fackler, Dean, made an address. Mrs. M. McClellan Brown, of the Western Female College, read the annual address. Rev. L. D. Potter, President of the Board of Trustees, conferred the degrees upon the following graduates: Hattie C. Brown, Kate A. McCalister, and Amelia J. Prior. Dr. J. E. Gilley delivered the valedictory address.

The annual meeting of the Miami Medical College Alumni was held at the Burnet House and was a most enjoyable occasion. The meeting was presided over by Dr. Andrew J. Bowers, of Moores Hill, Ind., of the class of '54. Following the business meeting, came the banquet. The address of Dr. Bowers was a happy one and well received. The class address was delivered by Dr. Dan. Millikin, of Hamilton, Ohio. Dr. Wm. H. Taylor, Dean of the College, responded in a well-chosen talk. Of the original faculty of the Miami Medical College, only two are living—Dr. John Murphy and Dr. C. G. Comegys, of this city. Dr. Comegys was present and as usual entertained the Alumni with a spicy speech.

At the meeting of the Academy of Medicine held Monday, the following was reported: "Sources of Infection in Typhoid Fever," by Dr. E. W. Mitchell; "Congenital Encephalocele," with specimen, by Dr. O. S. Miles; "Epithelioma of Auricle," by Dr. S. C. Ayer.

The report of Registrar Cosgrave, of the Health Office, shows the following deaths the past week: Croup 1, diphtheria 7, influenza 2, whooping-cough 2, other zymotic diseases 16; phthisis pulmonalis 16, other constitutional diseases 12, total 28; Bright's disease 4, bronchitis 7, convulsions 8, gastro enteritis 3, heart disease 4, liver disease 2, meningitis 9, pneumonia 13, other local diseases 14, deaths from violence 3, total deaths in week 122; annual rate per 1,000, 21.14.

The annual meeting of the Ohio State Medical Society will open in this city May 4. Dr. M. P. Dandridge has been chosen Chairman of the Committee of Arrangements. The meetings will be held in the hall of the Y. M. C. A. Building.

CON. W. GATCH, M.D.

Springfield, Ill., Letter.

Editor MEDICAL REVIEW.—Dr. Bartlett reports, a rather unusual case as follows:

J. M. cut slightly his knee on the inner side of left patella: used leg freely for 12 days when he was admitted to the hospital suffering great pain. Examination found small opening which did not discharge on inner side of knee; no sign of pus in or around the joint. The leg was put upon a splint and hot fomentations made use of until apparently all local trouble had subsided. After this a suspicious elevation of temperature occured, he became jaundiced, a severe diarrhea set in, with profuse sweating. Examination at this time failed to detect pus; a small point at last appeared on outer side and about middle of leg; this was freely opened, drained and washed antiseptically. He however, grew worse, and amputation was performed at knee joint, on removing rubber band "a fountain of pus came welling down from above," it was necessary to amputate about middle of thigh. The muscles at this point were filled with pockets of pus, these were scraped and washed with antiseptics, and campho-phenique poured over the surface; after this he made a slow but steady recovery. This case shows some marked features: one is the presence of pus in and beneath the muscles of the leg. Ashhurst says, I have never seen abscesses from among the muscles of the leg, as a consequence of injuries of the knee joint; unless the tibia was fractured as well as the joint opened. There was no fracture in this case, and only a very slight wound of the joint; another marked feature was the insidious manner in which the pus formed.

The question of septic poisoning is far from a settled one. There seems to be two varities of septic poisoning, one the septic intoxication of Hoffa, caused by introduction into the system of the products of decompo-

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sition of the tissues, ptomaines; in the other, septic infection—we have the direct introduction into the blood channels (usually through the lymphatics), of the septic microbes; which there multiply and cause death. Septic infection may originate from wounds, which do not suppurate at all, although a reason for the production in one case of suppuration, and in another of septicemia, both from the same germ, is not apparent. Tiffany.

Labor and Complicated Lung Disease.

Editor MEDICAL REVIEW.—I was called December 30, 1891, to Mrs. H. F. S., aged 35, about six miles from Everton, who was taken with a chill, pain in side, high fever, coughing almost constantly, and very restless. On examination, I found pulse 150, respiration 48, temperature 104, was chilly, and sweating freely. She was taken on the 29th with a chill and pain in right side. Auscultation revealed crepitant rales and bronchial breathing; on percussion, dullness. Diagnosis: double pneumonia; she was in her fourth pregnancy, and expected to be confined January 1, 1892. Treatment: carb. ammonia, gr. 5, in syrup every two or three hours, with pulv. doveri, antikamnia, and quinia each, grs. 3, every four hours; local applications, turpentine stupes with flax-seed meal poultices. Saw her again January 1, 6 P. M.; pulse 160, respiration 60, temperature 103½, and in the first stage of labor. Os dilated about the size of a silver half dollar and very rigid; vertex presentation, first position, having pains since morning. Recognizing that I had a serious case to deal with I relieved her with opiates and informed her husband of her dangerous condition, gave an unfavorable prognosis and asked for counsel which he readily granted. I stated in her presence that I would have to return home for some medicine she needed that I did not have with me. I started for home, about six miles distant, and on reaching home I telegraphed Dr. Doolin, of Ash Grove, to come on the first train, which he did promptly, and arrived at 1 o'clock A. M. We reached the patient at 2 o'clock A. M., found her resting well; pain had ceased; she slept well for three or four hours, and rested well until 7 o'clock A. M. We made an examination and found the os dilated the size of a silver dollar, and slight pains coming up; pulse 175, respiration 60 to 70, temperature 104; lips blue and cyanotic, and face pinched. She had to be propped up in bed—could not breathe otherwise. Inhaling steam all the while, her condition was desperate; we thought she could not live very long in this condition; we told her husband that her case was doubtful, that we could deliver her and perhaps save the baby. We produced artificil dilatation, using our fingers as dilators, which was accomplished in one hour without anesthesia; ruptured the membranes; delivered her with forceps in about twenty minutes of a living boy weighing about twelve pounds; giving her freely of stimulants and ammonia solution; she stood the operation well. The placenta came away in about fifteen minutes; respiration went down to 48, pulse 144, temperature 103. In one hour she could lie down again. In addition to other treatment gave tr. digitalis in 5-drop doses every two to three hours with milk and egg nog. I saw her on the following day at 3 o'clock P. M. She had passed a bad night, they thought she could not live until morning, and had her propped up in a rocking chair; her pulse was 144, respiration 39, temperature 102.6, cough dry; dulness on percussion, bronchial breathing, no rales on auscultation; when respiration become labored and more frequent they would give stimulants and ammonia solution every twenty to thirty minutes, and she inhaled steam constantly for hours at a time; she said she could not breathe without it. On the 4th I found her still sitting in the rocking chair which she kept in for five days and nights; her pulse was 140, respiration 36, temperature 101; no rales on auscultation. On the 5th, pulse 150, respiration 42, temperature 101.8; subcrepitant rales in posterior part of right lung, left lung still hepatized; passed a very restless night. On the 6th, at 10 A. M., pulse 150, respiration 54, temperature 100.6. On the 7th, at 11:30 A. M., pulse 136, respiration 48, temperature 101.6; slept very little during night; gave her bromides and alcohol to procure sleep. On the 8th, pulse 144, respiration 44, temperature 101.4; slept well, felt better, looked better, and talked stronger. On the 9th, pulse 96, respiration 60, temperature 98.6; rested fairly well during the night, spitting up mucopurulent matter; had subcrepitant rales in anterior part right lung, no change in left; stopped digitalis and continued other treatment; appetite good, bowels regular, kidneys acting well. On the 10th, pulse 132, respiration 52, temperature 101; expectoration about the same, can hear, subcrepitant and mucus rales in right lung, and subcrepitant rales in posterior and upper part of left lung; gave one drop of fl. ext. digitalis every two hours with other treatment. On the 11th, at 4 P. M., pulse 84, respiration 60, temperature 103; expectorating very little; dulness anterior and lateral part of right lung, left lung undergoing resolution; bowels moved ten times in last twenty-four hours without purgatives; passed a restless night; stopped digitalis and gave her pulv. doveri and bismuth to check bowels. On the 12th, at 1 P. M., pulse 132, respiration 60, temperature 102.4; sleeps well, but cough very troublesome; expectorates a tough stringy mucus; dulness in anterior and lower part of both lungs; bowels checked; eats soft boiled eggs with egg nog and milk; stomach will not retain whisky; she had been taking about a pint every twenty-four hours of Old McCormick whiskey. On the 13th, pulse 108, respiration 46, temperature 99.8, this was taken by her husband as I did not see her that day. On the 14th, pulse 100, respiration 36, temperature 99; sweating; had some fever during the night; resting well; takes enough nourishment; hears well; subcrepitant and mixed rales in posterior part of each lung. On the 16th, pulse 132, respiration 52, temperature 98.4; sweating some; expectorating very little; takes plenty of nourishment. On the 19th, pulse 132, respiration 48, temperature 98;

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sleeps well; gaining strength; spits up a yellowish pus; bowels regular, kidneys regular, and is able to dress herself; stopped ammonia treatment, and gave her maltine and cod liver oil in teaspoonful doses three times a day, equal parts of elixir lactopeptine, B. S. syr. roborans in teaspoonsul doses before meals, and ten drops after meals tr. ferri well diluted, as she could not retain the syrup iodidi ferri. On the 22d, pulse 96, respiration 36, temperature 98.2; lungs tender; gaining resolution nicely. On the 27th, pulse 90, respiration 30, temperature 98.4; cough mostly at night; sitting up, and gaining strength rapidly. On the 29th, pulse 90, respiration 30, temperature 100; no dulness on percussion; can hear; a few mixed rales in posterior and lower lobe of each lung; expectorates a whitish mucus. On Feb. 22, pulse 90, respiration 24, temperature 98; cough loose; has third day chills, and sweats profusely at night; gave arom. sul. acid and quinia. On the 27th, pulse 126, respiration 26, temperature 100; sweats checked; chills getting lighter; gave her two-drop doses of Fowler's sol. with ferri mixture and three grain quinia pills four times daily; chills held on for two weeks. I have seen her since and at this time has regained her usual health. She has a tubercular history; when the chills came I was fearful phthisis was developing. This is my first case of this kind in eight years' practice. It is very interesting to me, and according to our authorities and statistics these cases usually prove fatal in a few days. I thought I would report it in my favorite journal, the REVIEW. I would like to hear from some of the readers of the REVIEW of similar cases.

Everton, Mo. W. J. RABENAU, M.D.

Advertising Doctors.

Editor MEDICAL REVIEW.—Nothing but the purest motives prompts this communication.

It may be suggestod that the absence of any scientific matter in this letter would militate against its importance. But not so. There is a matter of the very highest concern to the entire medical profession involved in the facts now about to be related.

The title of "M. D." is not an insignificant one. It takes the wearer of it into a realm of usefulness, responsibility and trust, where honor and integrity should alone characterize his actions.

The humblest member of the medical profession—no matter how far out on the outskirts of civilization he may be stationed—if he 'possesses his vessel in honor" is as much entitled to respect and honor as his more fortunate brother who may "lie beside the nectar" of choice opportunities, and who, by reason of these, is found in the front ranks of the great march that is penetrating the mysterious darkness of disease and which is gradually giving way to the pressure of investigation and research.

So jealous are we of this great calling that we have surrounded it with a rigid "Code of Ethics," the breaking of which brings upon the head of the offender the indignation and wrath of the entire brotherhood.

There lies before me a copy of a weekly newspaper known as *The St. Louis Humorist*, the date of which is February 25, 1892. I notice under the heading, printed in bold faced type, "*St. Louis Business Men We Recommend*," that the editor has gathered in as advertisers, a large number of physicians of all grades. How much each had to pay the seductive humorist for "his recommend" I have no knowledge. Here is a sample mixture: Drs. F. D. Clark, Walter Coles, T. G. Comstock, S. and D. Davidson, —. Dinsbeer, Chas. H. Dixon, —. Etavard, Spencer Graves, H. A. L. Rohlfling, A. B. Shaw, H. Tuholske. How does that strike you? I'll confess that when I first read them I was very much surprised. I think that I now begin to understand why advertising one's self in the public press is so bitterly opposed by those in higher professional life.

I am confident that if I were guilty of a like act that I would be "spanked" and dismissed from the company of the "true physician."

Ash Grove, Mo. MARION GRANT WYALL.

Variations in Character of Diseases.—In an article on this subject, Dr. T. B. Greenley says (*Am. Pract. and News*) that in regard to the prevalence of consumption in the Ohio Valley, my observation is that it is more prevalent than formerly, and that malarial fevers, such as intermittent and remittent, are decidedly less frequent. To be sure this great change may be accounted for on philosophical grounds as well as hygienic grounds. The country has been mainly cleared up, drained, and put in a state of agriculture, by which the causes of malaria to a great extent are removed. But perhaps the cause of increase of typhoid and consumption could not be so easily explained.

When I first learned of the character of diseases as prevailing in the high lands or blue-grass regions of Kentucky, typhoid fever and consumption were much more prevalent than in the Ohio Vally; but they were very little, if any, troubled with intermittent or remittent fevers. At present, however, I am informed they are subject to those diseases, and still retain, perhaps to the same extent as formerly, the typhoid fever and consumption. We are not always able, on reasonable premises, to account for such changes as above alluded to, but nevertheless it is a matter of interest that such changes do occur. I would not, however, have it presumed by my medical brethren that from my observations above given I regard malaria as an antidote to typhoid fever and consumption.

Membranous Laryngitis is greatly benefited—it is claimed by an exchange—by the administration of a teaspoonful of ipecac wine or drachm doses of powdered alum, mixed with syrup or honey, to produce vomiting. If the patient is seen early, half-drop doses of aconite tincture, every 15 minutes for an hour, are recommended. Ammonium bromide in full doses is said to be useful, alternated with quinine, every 3 hours.

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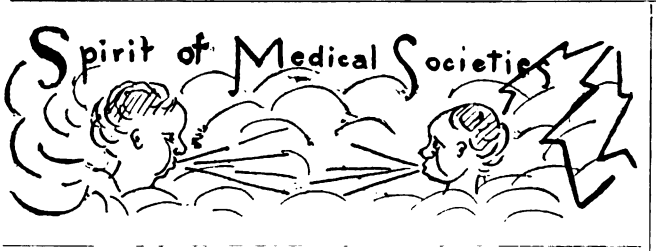

St. Louis Medical Society.

A stated meeting of the St. Louis Medical Society was held Saturday night, April 23, President Walter Coles in the chair.

There were no reports from the committees. Dr. Hulbert presented the name of Dr. C. Pesold as a candidate for membership.

Dr. A. B. Shaw presented an interesting case of a "Rare Form of Chorea—Not St. Vitus' Dance." The patient was present and after the paper had been read demonstrated that she could thread a needle and sew, and also that while laughing or speaking all choreaic phenomena disappeared only to reappear at the moment she became quiet. The case was one of eight or nine months' duration and all remedies had been used with little or no success. The doctor had used arsenic, strychnia, conium, gelsemium, iodide of potassium, morphine, faradic and static electricity, but as yet had been unsuccessful in relieving his patient. The history of the case showed a neurotic family, the father having died of cerebral disease and a sister being markedly hysterical; the patient attempted a forced or competitive examination and soon after noticed a swelling in the axilla of the left arm, previous manifestations having shown themselves in the form of styes, etc. The left biceps was first affected and, while annoying, little attention was paid to it, next the right arm was involved and stammering supervened, then the lower extremities were implicated. The tremor of the hands had always been marked. The patient had enjoyed good health, the functions all being regular.

Dr. Fry wanted to know whether there were or had been any mental symptoms, and being answered in the affirmative and that among them there had been a slight loss of memory, he said that he believed it to be a case of simple chorea complicated with a general neurasthenic condition; such cases were not rare but hysterical phenomena generally manifested themselves. Chorea was not a disease distinctive, but a symptom, the fact that the patient could thread a needle even with the excessive tremor of the hands could no doubt be explained by the skill all such patients acquire in time. He also called attention to Dr. Charcot's description of rhythmic chorea.

Dr. Coles asked whether the patient had improved or not, and was answered in the affirmative.

Dr. Johnston wanted to know whether the improvement was due to the various drugs used or the *vis medicatrix naturæ*; he questioned the necessity of excessive use of medicines. The young lady being only about 20 years of age, puberty might have a considerable part to play in the trouble, for at that time he had often noted choreaic symptoms show themselves that passed away in time never to return. He was adverse to the general polytherapeutics.

Dr. Shaw in closing said he was sorry no one could suggest anything in addition to his treatment. The patient would be continued under the treatment as before.

Dr. Pinckney French presented a patient showing the effects of iodoform treatment in tubercular joints even where the joint is open. The family history of the patient was bad, the father having died of tuberculosis pulmonalis; the trouble arose from a slight injury to the ankle to which little attention was paid until it was impossible for the child to walk, when the local physicians placed the joint in a plaster-of-Paris splint. This treatment was continued for a while until the case came to him. He had treated it by the iodoform injections; the first injection was of four drachms, the reaction from which was very severe, caused, in all probability, by improper preparation of the solution; the second injection had been followed by no constitutional disturbance, a third injection would be given in a few days. The patient was progressing nicely as could be seen.

Drs. Hurt, Barclay, and Borck had a discussion over the rules in regard to the payment of fees of applicants for membership.

Dr. A. M. Fernandez, of 140 West 10th Street, New York, has been appointed Spanish speaking Secretary of the Session on Anatomy and Biology of the Pan-AmericanMedical Congress. Dr. Fernandez is well known for his writings among the medical profession of all the Spanish speaking countries, several of which having elected him corresponding member in the United States of their Academies of Medicine.

American Medical Association.—Hotels for the Detroit Meeting.—The following are the hotels and their rates for delegates to the meeting of American Medical Association:

Russell House, $3 per day and upward.
Hotel Cadillac, $3 per day and upward.
Hotel Normandie, $2 and $2.50 per day.
Wayne Hotel, $2 and $3.50 per day.
Griswold House, $2 per day.
Hotel Tacoma, $1.50 per day.
Griffin House, $2 per day.
Cass Avenue Hotel, $1.50 per day.
Hotel Renand, $1.50 per day.
Queen Elizabeth Hotel, $1.50 per day.
Rice's Hotel, $1.25 per day.
Hotel Goodman, $1 per day.

The local Committee on Hotels, etc., will also be glad to furnish Members with the addresses of good boarding houses. For any further information address W. G. Henry, M.D., Chairman Committee on Hotels, etc., 68 Lafayette Avenue, Detroit Mich.

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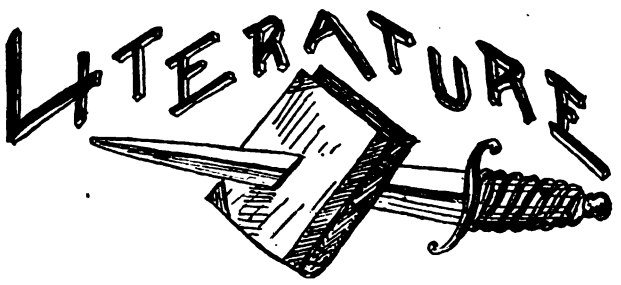

Higher Medical Culture. Medical Science Based on the Four Vital Properties and Laws of Organic Power. By W. R. DUNHAM, M.D. 12 mo., pp. 215. [Cambridge: Printed for the Author. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street.

This monograph is one quite philosophical in its scope and the author warns us that it is written for those who are making an inquiry into the nature of the principles governing the phenomena observed in health and disease. For those who practice medicine only as an industry it will contribute little of interest.

The author appears to us to be rather transcendental in his ideas. His argument is plausible at times, but he lays down as aphorisms premises which might be disputed by one inclined to argue the point. He contends that the "so-called *vis medicatrix naturæ*, which is really a manifestation of organic power *instinctively* directed, is the *only* power, force, ability, or *agent* ever *active* in the affairs of disease, or in relations with medicine." The book abounds in such vague ideas as the following: "What is called the *modus operandi* of medicine is really pathological vital action instinctively directed in relation to the presence of the medicine."

We have no doubt, however, that some of the problems presented in this book will prove highly interesting to some readers and furnish them with much food for thought.

To those who are partial to the consideration of the vague and indefinite problems which pervade medicine this will be found a delicate morsel. The practical physician and the one basing his science upon facts will find little to attract them from their accustomed course of reading in this opuscule.

Amativeness; Embracing the Evils and Remedies of Excessive and Perverted Sexuality Including Warning and Advice to the Married and Single. By O. S. FOWLER. 12 mo., pp. 65. New and Revised Edition. [New York: Fowler & Wells Co. 1891.

Those who have any interest in the subjects with which this little monograph deals will be interested in a perusal of its contents. The prevalence of sensuality, its causes and prevention are discussed as well as the moral conditions surrounding sexual hygiene.

Beyrouth, Syria, has a large part of its population suffering from a mild form of grippe.

Persia is suffering from the ravages of influenza. Fortunately the epidemic is mild in character.

Erysipelas is successfully treated according to Trapeznikow by hourly applications of carbolic acid in turpentine, one to fifteen.

Dr. Dallas, who acted as surgeon in chief at Shipka, during the Russo-Turkish war, has been made surgeon in chief of the Greek Hospital of Yedi Conle.

The Cremation Society, of France, has addressed a petition to the government asking that in times of war the bodies of dead soldiers be incinerated and thus ward off epidemics, to a certain degree.

Alfred Baring Garrod, M.D., F.R.S., is the author of one of the best treatises on gout and rheumatism which is extant. Under the title of "Cullings from Garrod," Dr. Enno Sander has published a pamphlet embodying the gist of Garrod's views on the pathology and treatment of these diseases.

The Caledonia is the name of the private hospital of Dr. J. H. McIntyre, of St. Louis. The manner in which it is conducted may be easily inferred from the fact that since its opening one death only has occurred within its walls. This is a good showing when we take into consideration the large number of operations performed.

The Hungarian State Health Commissioner in a report to the Minister of the Interior, (*Pharm. Post*) stated that in the treatment of influenza, no specific was known, but each case required individual treatment. Concerning the use of antipyretics, such as antipyrine and phenacetine, it appeared that the latter especially gave good results, while a portion of the patients were less favorably affected by salipyrine.

Medical!—Some of our bright middlers (*Corpuscle*) have done themselves proud by sending the following facts upon the cold and wicked world: The Foremen of Winslow is the communicating canal between the lateral ventricles of the brain. The next is that staphylorraphy is the general infection of the system by staphylococcus pyogenes. Next, a carcinoma is a cancer, sarcoma is a tumor. Another "corker" was, carbonic di oxide smells like rotten eggs. The enunciator of the last fact must have a disagreeable breath.

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Dr. Almaron J. Holcombe, of Jersey City, is said to have eloped with Mrs. Wylie. The former left his wife penniless. The runaways have been traced to San Francisco.

A Paradox.—We were particularly struck by some paradoxes connected with a recent medical college commencement; they may be expressed in the following sentence (*Lancet Clinic*): The Presbyterian Woman's College graduated a Jewish lady, and the commencement was held at the Young Men's Christian Association.

Gratitude.—A physician in this vicinity, says the Boston *Med. and Surg. Jour.*, was recently called to a family which he found in such destitute circumstances that he gave in addition to his prescription, a five dollar bill. Happening in the next day, he discovered that his gift had been thus spent; three dollars to the priest, and two dollars to get another doctor.

Virginia Medical Law.—The Supreme Court of Virginia has decided that the medical law of the State is unconstitutional. The case before them at which this decision was given was that of a largely advertised doctor from Boston against whom complaint had been brought by the State Medical Board, alleging that he had no right to practice under the laws of the State.

A Bichloride-of-Gold Hospital.—The Massachusetts House at Lexington has been leased, and is to used as an establishment for the "Keeley Cure for Drunkenness." This house was the one erected for Philadelphia by the State of Massachusetts at the time of the Centennial Exhibition, and in 1878 was purchased and removed to Lexington, Mass., where for some years it was used as a hotel.

Skin Diseases in Japan.—According to Dr. D. G. MacGowan (*South. Cal. Pract.*), diseases of the skin are very prevalent, especially among children. Eczema of the scalp and face, contagious impetigo, favus and tricophyton may be frequently recognized among the tots upon the street. The Japanese share the same feeling, so common among Americans and Europeans, that such eruptions should not be disturbed for fear of driving them into the blood. The probable cause, my official friend suggests, of the frequent occurrence of these diseases among children may be found in the national custom of shaving the baby's head during the first month, leaving only a tuft of hair at the crown, or elsewhere, according to the fancy of the mother. This is continued until the child is old enough to go to school. The razors used are frequently not clean, and undoubtedly act as carriers of infection. The general effect of this head shaving may be seen in the Japanese dolls of the shops, which are perfect images of Japanese babies.

An Obstetrician in Philadelphia stated some time ago that his business was to be "leading man at baby matinees."

The Hungarian Sanitary Board has petitioned the Government to prohibit ladies wearing long trains which sweep up the dry dust of the streets and spread infectious diseases by the floating particles of dirt and germs. The prohibition has actually been carried out in Meran, in the Tyrol, but the Government is afraid to proceed any further in the face of the indignation of the fashionable world.

Caution in Dispensing Poisons.—The value to a druggist of extreme care (*Bost. Med. and Surg. Jour.*) in dispensing poisonous substances was forcibly brought out in the recent Harris trial in New York. The apothecary was able to show that the assistant who prepared the medicine took from the closet morphine contained in a black bottle, labelled poison; that he weighed out the directed quantity of the drug, and that this operation was witnessed by another assistant. The second assistant testified that he had seen the proper weight in one pan of the scale and just enough morphine in the other to balance it, and that he then noted his observation in a book kept for the purpose.

Mr. Huxley and the Title of Doctor.—Mr. Huxley, it seems, though M.D. of Breslau and M.B. of the University of London, and the happy possesor of endless doctorates of all sorts objects to the title of "Dr." Huxley. He can stand being called Professor, but draws the line at "Dr.," which many men seem to value so highly. Mr. Freeman and Matthew Arnold, we are told, objected to be called "Professor." It is all intelligible enough. Great men have a consciousness of something in them that supersedes all the aid and adornment that titles can give. "When unadorned, adorned the most." And in this they are a warning, if not an example, to lesser men who attach an excessive importance to the mere embellishments of a name.

The Statue to Dr. J. Marion Sims, which is a full-length figure in bronze, nine feet in height, has arrived in New York and will soon be ready for the inspection and approval of the Committees on Statues of the Central Park, after which it will be duly presented to the city. The sculptor, Ferdinand V. Miller, of Munich, Bavaria, has not only succeeded in making a life-like picture of the distinguished gynecologist, but has given an artistic grace to the pose which will challenge criticism. The pedestal, which will be of granite and eight feet in height, has been especially designed by the same artist, to be in harmony with the lines and purposes of the figure. It is expected that the monument as a whole will be completed and placed in its position within the present year, as a lasting tribute to the subject by the members of the profession in this country and other patrons of the civilized world.

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Sir Joseph Lister, Bart., has been elected a member of the Royal Institution.

M. Gabriel Pouchet has been appointed Professor of Pharmacology, in succession to M. Regnauld, retired.

Wooden Tongue-Depressors are now being manufactured in Hamburg at a very cheap price. Such an one is used but once on a patient thus ensuring asepsis.

The Otological Congress will be held in Florence in September, 1893, under the presidency of Prof. Grazzi. The sitting will be held eight days before the meeting of the International Medical Congress, which will, as already announced, take place in Rome next year.

Gift to Birmingham.—Mr. Richard Cadbury has just formally handed over to the Mayor of Birmingham his late residence, Moseley Hall, which he has partly endowed, as a convalescent home for children. There is accommodation for 150 beds. The value of the gift with the donation to the endowment fund is estimated at £30,000.

Want a Society.—For years past, Louisville and Jefferson county have been without a representative medical society (*New Albany Med. Herald*). At times physicians would meet and form an association for the purpose of representing the profession; this would for a time bear every appearance of having the entire cooperation of the best physicians in the community, then the novelty would wear off, the interest begin to wane and finally it would assume a condition of incertitude. Numerous causes have been assigned for this result. One says this, another that and others something else. One cause, of all others, is pretty generally agreed upon and that was the indifference of members. That is certainly a sufficient cause to overthrow anything, everything.

Bathing in Molten Lead has frequently been attempted as far as the hand is concerned, but, of course, only after it has been prepared. Such a bath has, however, been taken without any preparation by John Adams, of Tacoma, Washington, and he is still alive and comfortable. He fell into an immense pot of molten metal at the smelting works where he was employed, sank to his arm pits, grasped the rim of the pot with his hands, and with one mighty effort drew himself out and plunged into an adjoining vessel filled with cold water. Thanks to his heavy outer clothing and woollen underwear, the metal had not time to act upon his skin, and only his hands were seriously burned. But if the whole transaction had not occurred in one-fourth the time the reader has devoted to this paragraph, there would have been a different story to tell.

Dr. Armand de Fleury, Professor of Therapeutics in the medical faculty of Bordeaux, died recently, aged 62.

The Vienna Medical Club has been organized. Its membership consists of the young members of the profession, chiefly.

A Hospital for the Consumptives of Paris is to be erected at Blanchefasse. The sum of 700,000 francs is to be devoted to this purpose.

Amenorrhea.—Dr. Douglas Hayes claims the best of results from the use of the following in suppressio mensum:

℞ Dioviburnia,
Spts. frumenti, ... aa ℥ij.
M.
Sig. Dessertspoonful in a little warm water every hour until pain is relieved. After that three times a day.

The Association of Military Surgeons of the National Guard of the United States held its second annual meeting at Memorial Hall, St. Louis, April 19, 20 and 21, last. The meeting was a success in every respect. The attendance was large, the meetings well attended, the papers and demonstrations excellent, and the entertainments all that could be desired. Among the features of the meeting were: A clinic at the City Hospital; an exhibition of the field appliances and work of the Medical Department, U. S. Army, a detachment of U. S. Hospital Corps from Fort Riley, Kans., being on hand. Among the entertainments there were a reception and ball at the Merchants' Exchange Hall, receptions by Dr. A. C. Bernays and others, a carriage drive in and about the city with a collation at the Jockey Club House. The visiting surgeons expressed themselves as delighted with the success of the meeting as well as with the treatment received by them at the hands of citizens and profession.

The following officers were then elected for the ensuing year: General Nicholas Senn, of Chicago, President; Major Henry, of New York, First Vice President; Lieutenant Colonel Woodward, of Michigan, Second Vice President; Lieutenant Colonel E. Chancellor, of St. Louis, Secretary; Lieutenant Ralph Chandler, of Milwaukee, Corresponding Secretary; Colonel Francis J. Crane, of Denver, Treasurer.

The Chairman then announced the Executive Committee for the ensuing year as follows: General J. D. Bryant, of New York; General J. D. Griffith, of Missouri; Lieutenant-Colonel H. S. Burrell, Major C. F. W. Meyers, of New Jersey; and Major Lawrence C. Carr, of Ohio.

Washington City, and May, 1893, coincident with the meeting of the American Medical Association in the "City of Magnificent Distances," were selected as the time and place for the third annual convention.

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The American Electro-Therapeutic Association will hold its second annual meeting in New York, Oct. 4, 5 and 6, 1892, at the New York Academy of Medicine, 17 West 43d Street.

An Infectious Hospital, Leeds.—The sanitary committee of the corporation has agreed (subject to a contract to be prepared to the satisfaction of the town clerk) to purchase the Manston Hall estate, situated in the Yorkroad, for the sum of £10,000, for the purpose of erecting on the estate a hospital for infectious diseases. The property comprises upwards of ninety-seven acres and a mansion.

Galen as a Hippocratic Critic.—Dr. James Finlayson says (*Brit. Med. Jour.*) that as a Hippocratic scholar, critic, and commentator, Galen had enormous advantages. Thoroughly acquainted with the various idioms of Greek, and saturated with the knowledge and traditions of the medical profession, he had likewise a great admiration of the author, and at the same time much practical experience to guide him in his study of the works. Some idea of the extent of Galen's commentaries may be gathered at a glance when I show you these five volumes of Kuhn's edition—about one-fourth of the whole—as comprising the commentaries on the Hippocratic writings. I likewise show to you in vol. 19 a vocabulary he compiled for the Hippocratic treatises, and this, along with a similar lexicon by Erotian and Herodotus, was shown to you—in a volume edited by Franzius, Leipzig, 1780—when I gave you a demonstration of the Hippocratic writings.

Galen discusses the genuine or spurious character of the various Hippocratic treatises; he expounds the meaning of the text; he criticises the statements, and he goes into long and elaborate commentaries based on his own ideas and experience. His criticism is of paramount importance; but, from his somewhat egotistical character, he has been accused of being too "Galenical," and not sufficiently Hippocratic.

The New Scriptures According to Tyndall, Darwin, Etc.—Dr. Sarah Adele Palmer, summarizes as follows (*Times and Register*):

(GENESIS, CHAPTER II.)

1. Primarilly, the unknowable, moved upon cosmos and evolved protoplasm.

2. And protoplasm was inorganic and undifferentiated containing all things in potential energy; and a spirit of evolution moved upon the fluid mass.

3. And the Unknowable said, Let atoms attract; and their contact begat light, heat and electricity.

4. And the Unconditional differentiated the atoms, each after its kind, and their combinations begat rock, air and water.

5. And there went out a spirit of evolution from the Unconditioned, and, working in protoplasm by accretion and absorption, produced the organic cell.

6. And cell by nutrition evolved primordial germ, and germ developed protogene and protogene begat eozoon and eozoon begat monad, and monad begat animalcule.

7. And animalcule begat ephemera; then began creeping things to multiply on the face of the earth.

8. And earthy atom in vegetable protoplasm begat the molecule, and thence came all grass and every herb in the earth.

9. And animalculæ in the water evolved fins, tails, claws and scales; and in the air, wings and beaks; and on the land there sprouted such organs as were necessary, as played upon by the environment.

10. And by accretion and absorption came the radiata and mollusca, and mollusca begat articulata, and articulata begat vertebrata.

11. Now these are the generations of the higher vertebrata, in the cosmic period that the Unknowable evoluted the bipedal mammalia.

12. And every man of the earth, while he was yet a monkey, and the horse, while he was a hipparion, and the hipparion before he was an oredon.

13. Out of the ascidian came the amphibian and begat the pentadactyle and the pentadactyle by inheritance and selection produced the hylobate, from which are the the simiadæ in all their tribes.

14. And out of the simiadæ the lemur prevailed above his fellows and produced the platyrrhine monkey.

15. And the platyrrhine begat the catarrhine and the catarrhine monkey begat the anthropoid ape, and the ape begat the longimanous ourang, and the ourang begat the chimpanzee and the chimpanzee evoluted the what-is-it.

16. And the what-is-it went into the land of Nod and took him a wife of the longimanous gibbons.

17. And in the process of the cosmos period were born unto them and their children the anthropomorphic primordial types.

18. The homunculus, the prognathus, the troglodytes, the autochthon, the terregen—these are the generations of primeval man.

19. And primeval man was naked and not ashamed, but lived in quadrumanous innocence, and struggled mightily to harmonize with the environment.

20. And by inheritance and natural selection did he progress from the stable and homogeneous to the complex and heterogeneous; for the weakest died, and the strongest grew and multiplied.

21. And man grew a thumb, for that he had need of it and developed capacities for prey.

22. For behold the swiftest men caught the most animals and the swiftest animals got away from the most men; wherefore, the slow animals were eaten, and the slow men starved to death.

23. And as types were differentiated, the weaker types continually disappeared.

24. And the earth was filled with violence; for man strove with man and tribe with tribe, whereby they killed off the weak and foolish, and secured the survival of the fittest.

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Dandruff.—The following formulæ and methods of treatment have been collated from a variety of sources (*New Idea*):

[1]

℞ Chloral hydrate, - - - ʒss.
Glycerine,
Bay rum, - - - - - aa ℥ij.
Tr. cantharides, - - - ʒj.
Rose water, - - - - ℥viij.
M.

[2]

℞ Vinegar of cantharides,
Aromatic vinegar,
Sp. of rosemary, - - - aa ʒij.
Elder flower water, - - q. s., ℥iv.
M.

Sponge the roots of the hair well and brush with a moderately hard brush.

[3]

℞ Ether,
Tr. of cantharides, - - aa ℥j.
Alcohol, - - - - - Oj.
Oil of rose, - - - - - ♏v.
M.

[4]

℞ Borax, - - - - - parts, 15.
Glycerine, - - - - - " 30.
Decoction soap bark, - " 50.
Water, - - - q. s., " 300.
M.

This lotion is to be used at night and in the morning; rub the hair with the following pomade:

℞ Tannin, - - - - - parts, 2.
Tr. of cantharides, - - - " 5.
Vaseline, - - - " 50.
Balsam of Peru, - - - " 2
Oil of mace, - - - part, 1.
M.

[5]

℞ Precipitated sulphur, (recently washed and dried),
Refined sugar, - - - - aa ʒj.
Glycerine, - - - - - ℥ss.
Rose water, - - - - - Oj.
M.

Triturate the sulphur as finely as possible in the glycerine, then add the rose water, and lastly the sugar.

[6]

℞ Carbolic acid, - - - - - ʒj.
Bay rum, - - - - - Oij.
M.

[7]

The following is given in Lillard's Practical Hints and Formulæ:

℞ Chloral hydrate, - - - - ʒij.
Glycerine, - - - - - - ℥j.
Bay rum, - - - - - q. s., Oj.
M.

[8]

According to Dr. G. C. Stephen (*Chem. and Drug.*) the following treatment has been found very successful in Vienna:

℞ Resorcin, - - - - - - ʒj.
Olive oil,
Sulphuric ether, - - - - aa ʒj.
Alcohol, - - - - - - ℥viij.
Mix and shake well before using.

Wash the head thoroughly with soap and water and apply the above lotion by means of a small mucilage brush which should be insinuated between the locks and close upon the scalp.

[9]

℞ Tr. of cinchona, - - - - ℥j.
Potassium carbonate, - - - - ʒj.
Solution of Potash, (5%), - ʒij.
Cologne, - - - - - - ℥j.
Water, - - - - - q. s., ℥viij.
Mix and filter.

[10]

The following formulæ were taken from a correspondence in the *Brit. Med. Journ.*:

[a]

℞ Ointment of nitrate of mercury, - ʒj.
Saxoline, - - - - - - ʒvij.
M.

Cut the hair short and keep well brushed, and apply the ointment every night for a fortnight.

[b]

℞ Red oxide of mercury,
Ammoniated mercury, - - aa gr.x.
Saxoline ointment, - - - ℥j.
Mix and apply every night.

[c]

℞ Corrosive sublimate, - - - ʒss.
Glycerine,
Cologne water, - - - aa ℥v.
Water, - - - - - q.s., ℥xv.
Mix to make lotion No. 1.

℞ Beta naphthol., - - - - - ʒij.
Alcohol, - - - - ℥xx.
Mix to make lotion No. 2.

℞ Salicylic acid, - - - ʒij.
Tr. benzoin comp., - - ℥ijss.
Olive oil, - - - - - - ℥x.
Mix to make lotion No. 3.

Wash the head thoroughly with terebene soap, rinse well and dry thoroughiy; then rub in some of solution No. 1 and allow to dry, then use No. 2 in like manner and finally apply No. 3. The treatment should be carried out daily for a month and then every alternate day for a fortnight. The dandruff disappears in a few days and the hair becomes vigorous and supple in a short time.

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Comin' Through the Rye—A gold-cure patient.

The Physician is the man who tells you you need change and then takes all you have.

It Doesn't follow that a man is a chiropodist because he cuts the corn from the foot of a hill.

Doctor (to tow-headed urchin).—"How is your mother, my little man?"

Tow-Headed Urchin.—"She's getting romantic in her right knee.

Customer (to druggist's clerk): "In a business like this I presume you have gained some practical knowledge of therapeutics?"

Druggist's Clerk (filling prescription): "Thunder, yes! I had 'em when I was ten years old. Broke out all over me."

A Special Favor.—Bereaved Widow (to country editor)—"Do you charge for obituary notices, Mr. Shears?" Country Editor—"As a general thing, we do, Mrs. Bently; but your husband and I were very old friends, and I will only be too glad to publish his obituary for nothing."

Presence of Mind.—The morning after the recent snow storm, a big policeman walked into the W. R. U., and said: "Too much snow in front of your building. Who looks after the paths?" "They will be attended to," answered a quick-witted student, "just as soon as the pathology professor gets here." "All right," said the blue coat, and walked away perfectly satisfied.

Dr. Y.—"You, sir, why you prostitute your position as a member of a noble and honorable profession by encouraging the drinking propensities of the people, filling our prisons and workhouses by your vile principles, sending the loveliest of our young women to a life of shame, enticing our young men from their ginger-beer and hymn books—yes, sir, you do. I saw a prescription of yours only yesterday for a child, an infant, sir—three minims of vin. ipec. to the dose—three drops of 'death in the pot,' minim measure, I mean. Yah! you wicked man, keep your temper, will you, if you are sober. Bah! you smell of sp. eth. nit."

Dr. X.—"Sir, you misquote Scripture; I'll none of ye!"

The Mississippi Valley Route (L., N. O. & T. Railway) is the popular line between Memphis, Natchez, Baton Rouge and New Orleans. The rice and sugar plantations, and great massive sugar houses and refineries south of Baton Rouge are especially interesting, and never fail to please the observant passenger. Between Memphis and Vicksburg the line passes through some of the finest cotton plantations in the Yazoo-Mississippi Delta, the most fertile agricultural section of the country on earth. Seven hundred thousand acres of the finest agricultural land for sale on easy terms. Round trip winter tourists' tickets to California and Mexico tourist resorts are on sale the year around. For time tables, map folders, and price of tickets, address L. F. Day, Traffic Manager, or P. R. Rogers, General Passenger Agent, Memphis, Tenn.

The Railroad Committee of the Massachusetts Legislature has unanimously reported a bill originated by the late general manager of the Boston & Maine Railroad, Mr. J. T. Furber, authorizing the railway companies in that State "to operate their railroads by electricity." Mr. Furber believed that the time had come for the practical application of electricity to railway transportation, and President Choate of the Old Colony and the management of the Boston and Albany are also said to be of the same opinion. One of the Legislative Committee is reported as predicting that "within one year railroads in Massachusetts will be operated exclusively with electric power." The prediction is doubtless over sanguine, and yet efforts are certainly progressing toward the ultimate revolution in the method of applying power to the operation of railways which is thus suggested.

Checking Baggage from New York to London.—A pleasant adaptation of American railway methods to foreign travels (*Railway Age*) is in effect on the London & North-Western Railway in connection with the transatlantic steamship lines, by which a traveler's baggage is checked from any station, hotel or private residence in New York or Brooklyn direct to London. The traveler notifies C. A. Barattoni, the general agent of the L. & N.-W. in New York, and with an ordinary pass check in his pocket the owner need not give his baggage another thought from the time it leaves his room at the Windsor or any other New York hotel until it appears in his room at the Metropole or wherever he is going in London. Similarly baggage can be checked back from any address in or near London to New York. We presume that this is the most extensive application of the American check system in the world.

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MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Defective Titles.

There is an old saw which everybody knows and which runs about as follows: "Give a dog a bad name and hang him." There is much truth in this and more particularly as applied to literature in general. The sale of a book is often made by its title and it has been the experience of more than one author that writing the title entailed more mental labor than the entire work. Many a good book has gone unread for the simple reason that its title was unattractive and, on that account, defective. If this be the case in regard to light literature how much more so must it be when we apply it to heavy mental food, to that form of literature which requires time, thought, and concentration. A defective title will, in the majority of cases, consign some really meritorious work to undeserved oblivion and a taking title will cause to be noticed one not so deserving of attention. And yet we are not so certain of this last assertion. For, it must be conceded that the writer who is capable of heading his article with a title which attracts attention is almost certain to write something also deserving of more than a hasty glance. The one who knows the manner of introducing his work is, in all probability, also capable of producing work that will attract attention or at least of putting it in such shape as to render it pleasing and attractive if it is not learned and profound. It is furthermore evidence of adaptability, of quick apprehension, and of an insight into the necessity of filling it to a more or less satisfactory degree.

What we wish to speak of more particularly are medical journal articles. It is natural that an author should desire his article to be read and not only this but be copied or an abstract of it printed in other medical journals. Let him reflect but for a moment and he will immediately see the necessity for a good title. The reader of a medical journal naturally looks over the table of contents and will read first that article whose title attracts his attention most. He may not read another one in the same number. So it is with the exchange editor of a medical journal. He looks at the titles and names of authors and those titles which arrest his attention are the ones which will lead him to take the papers or abstracts to which they appertain.

In the matter of titles to articles we may divide them into redundant, incomplete, and defective. We daily see examples of each as well as of the complete and attractive variety. In the redundant title we have a phase which betrays a fear that the reader will pass by what the writer looks upon as something good. It is, in a way, a synopsis of the paper to be read and occasionally it is so copious as to be in itself a bar to the reading thereof, more especially when an unfavorable outcome is added at the end. Such a long and analytical title is unnecessary and to some degree confusing when reference is to be made at some future period. It leads in a way opposite to the incomplete title; it is the despair of Indexers and it occupies much room and anticipates so much of that which is given in the body of the article that much of the pleasure to be derived from a reading of the latter is taken away at the outset.

In the incomplete form of title we have one which is quite commonly employed. It is a form which is misleading in the greatest degree to those who have not had the experience necessary to discriminate at a glance what the possibilities of an essay are. To those accustomed to this variety there is but little inducement to read. As a rule, the method pursued is to give the name

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of a disease as a title, as if the article dealt with the subject in a complete manner and it is this very feature which is prominent by its absence. To entitle a four-page paper, "Diphtheria," for instance, sounds almost farcical, for the best condenser could not collate anything like a clear synopsis within such narrow limits. As a rule, such papers are re-hashes of some recent views upon a particular phase of the subject with which they deal, and a short title expressive of the true state of affairs would invite a careful and interested perusal. While it is true that in works of reference, in collections of condensations, and similar literature the name of a disease or some simple way is used to head the abstract, the general plan is adopted and understood in this case. In a book on the progress of treatment for the year past, for example, we would not expect to find the pathology, etiology, or symptomatology of the disease under the head of "tabes dorsalis" but we would expect to find the treatment so far as any progress made during that year was concerned. In a journal, on the other hand, the department devoted to gleanings, abstracts, etc., generally adops the short and catching title in order to enable the reader to devote his attention to those subjects in which he is particularly interested, if he does not care to read everything.

We now come to the defective title proper. It may be so partially or totally but in any case it gives no inkling as to the contents of the article which it heads and is unfortunately of too common occurrence in medical journals. If the sign boards of a city were simply inscribed "street" or "avenue" they would certainly be of no practical value. In the same way, the writer who is searching medical literature for the records of cases is prevented from making his work complete by that pernicious habit of using defective titles. Such a title as "a new discovery" means so much and so little that as a stimulus to reading it answers its purpose, but as an aid to the future writer it is of no value whatever. This is a type of the partially defective title. The title which is totally defective is that which greets us from the pages of the medical journal as often as "pro bono publico" does from those of the newspapers. To use a vulgarism it has become a "chestnut," and the sooner it is eliminated from titles the greater will be the corresponding thanks therefor. Our readers have perhaps surmised that we refer to "A Clinical Case." Equally as ancient and exasperating is "A Case in Practice." Again we are often led to read the account of "A Remarkable Case," the only remarkable thing about it being that the editor will permit the title to be published. These are stock formulas and many writers, who ought to know better, use them because they find it too much trouble perhaps to evolve a good title or they suppose that anything will do. Many really worthy and interesting accounts of unusual cases fall flat and their true value remains unknown on account of a defective title. "A case of pneumonia" properly recorded, even if it be of the most ordinary type will find readers where "a clinical case" of a unique disease will pass unnoticed.

We have been led to make these few remarks by the fact that so many practitioners have a wealth of material from which to choose and which would be of the highest interest and value to the profession in general. They do not write because they say that they have tried it and nobody apparently ever pays any attention to their articles. In many instances this is unfortunately true, but the fault lies not with the reader, but with the writer who does not indicate the value of what his communication contains. On the other hand, much more blame lies with the editor, who will not take the pains to read the article and place a suitable caption over it. This is a part of the editorial function. It consists in making as attractive a display of the material on hand as possible. A dealer in silks could certainly not sell his goods to an advantage if he kept them packed in boxes, whereas by placing his wares so that they formed an attractive display purchasers would soon be found. So far as we are concerned the REVIEW will always be found not only ready but anxious to receive all communications of interest and titles of such a nature as will enable its readers to judge of their contents and make them eager to read them will always be forthcoming.

Comments to have any weight should be based on facts which, as Artemus Ward remarked, are "like mewls, stubbern things." We are led to this observation by reading the following item in the Kansas City *Medical Index:*

Dr. A. H. Ohmann-Dumesnil has become editor of the MEDICAL REVIEW of St. Louis, Dr. G. Wiley Broome having retired. The exclusion of original articles and the prominent position of editorials and abstracts will not prove satisfactory to the majority of readers.

Upon inquiry we learn from our business manager that the MEDICAL REVIEW is continually on the increase in the line of subscriptions, and the large number of letters we receive commending the change leads us to suppose that it pleases the subscribers. So that, despite the above mentioned kind notice, we feel compelled to continue our mistaken and lurid career minus "original" articles.

Medical Ideals are indulged in early in the professional career of physicians; but, unfortunately but few are able to keep up to the standard they set up for themselves. As the *Medical News* says, it has been suggested that, at this season, when several thousand young men are passing from student to practical medical life, a word to them would be appropriate as to the proper aim of effort and the best method of attaining legitimate professional success. It might pessimistically be replied that *facere* will depend upon *esse*, that whether physician or not the man will do that which essential nature commands him to do, that his life will be the realization of his inherited character. But the believers in fatalism are commonly those that want a

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lame philosophic excuse for indulgence of desire, when there co-exists a half-smothered subconsciousness that the desire is selfish and could be overcome if the will were strong. In opposition to this it may be truthfully urged that at the beginning of life a large measure of free-will obtains, and that in youth when unselfishness, moral fire, and enthusiasms are more potent, a conscious choice and purposive endeavor often set the beat of a life-song, and the step of a life march.

The Chicago Water Supply and the World's Fair is attracting much attention. One of our cotemporaries states that the foreign press appears agitated over the Chicago water-supply and the dangers of typhoid poisoning during the Word's Fair. In January last Professor Sedgwick, of the Massachusetts Institute of Technology, read a paper before the American Statistical Association claiming that a great increase had of recent years occurred in the death-rate from typhoid fever. It was further claimed that this high mortality was due to sewage contamination of the water supply. Typhoid fever has been epidemic for two years in Chicago, and as the drinking water is taken from points in unsafe proximity to the sewage outlets the evidence for water infection is convincing. The enlightened and enterprising City of Chicago should not allow this imputation of unsanitary water supply to hang over its head, for the success of the World's Fair in no small degree depends upon its activity in remedying these conditions.

The Limitations of Medical Knowledge is the subject of a thoughtful article by Dr. Charles G. Jennings (*Physician and Surgeon*) who goes on to say that all positive human knowledge is limited by human experience. Speculation may build theories beyond the boundaries of demonstrated fact, and these appear at a distance to correspond with clearly outlined objects. In no department of science is the tendency to substitute speculation for demonstration so great as in medicine. Here accurate experiment is baffled at almost every point by insurmountable obstacles, and it has been the oft-repeated history of medical theories, that the experimenter wearied with his reverses, has at length been forced to build a flimsy, speculative, superstructure upon a weak foundation of partly-demonstrated facts. Pure science does not bewail its ignorance; it rather congratulates itself upon its achievements. While it accepts with philosophical resignation the limits physical conditions place upon it, it looks hopefully beyond the elastic boundaries which the wisdom of the times has drawn around it. The highly-trained scientific mind accepts the present limitations of medical knowledge with the same resignation and hope; but the masses, to whom medicine is a curious mixture of superstition and science, do not apprehend these limitations. The problems medicine has to solve for them bear so closely upon their affections, that the impatient and unreasonable demands of sentiment too often replace calm judgment, and the medical profession is thoughtlessly criticized for ignorance of subjects that are now, and in all probability always will be, beyond human comprehension. No one thinks of censuring the engineer for his inability to build bridges without supports, or the astronomer for his lack of knowledge of the daily habits of the man in the moon, yet we hear every-day criticisms of members of the medical profession equally as ridiculous and unjust.

Medicine is not and never can be an exact science. Internal medicine, which comprises the great bulk of medical practice, deals with microscopic changes of structure and occult disturbances of function in accessible organs whose physiology is but imperfectly known. Many of its problems may remain forever unsolved. Surgery, which has to do with gross and visible changes of tissues and organs, and some other departments of medicine, may approximate more closely to precision; but it matters not how perfect may become the knowledge of disease—its pathology, its natural history, its treatment—there always will remain that unknown, unstable and unintelligible factor, the patient.

Disreputable is the only expression applicable to certain actions. We learn from the *Lancet-Clinic* that the Ohio Legislature has given the medical profession two samples of its mental calibre: First, it refused to pass a bill intended as a measure to regulate the practice of medicine in the State, and second, it made an appropriation of $5,000 for the purpose of testing the value of the so-called cure for drunkenness; each member of the House to nominate one man upon whom the treatment should be tried.

The two actions give a very clear idea of the intelligence of the Legislature, and force us to the conclusion that they have great sympathy for the ambitious but dishonest vendor of secret remedies, while for the body of honest and honorable men who are trying to practice medicine in a legitimate manner they have only contempt.

It would have been just as reasonable for them to have appropriated money to test catarrh, pile, and gonorrhea nostrums, and the public would have received just as much benefit as from the special method chosen. When the law-making body of a State goes into the quack-medicine business, how can we ever expect the people to receive protection against impostors?

The contumely heaped upon the physicians of Ohio was bad enough, but when the latter step was taken we felt it to be an useless endeavor to influence such men in favor of scientific medicine. We trust a large number of the members of the Legislature will choose themselves for patients, and receive generous injections of—not necessarily gold—but of something they sadly need.

State Medicine is thus descanted on by the *Medical Tribune*, a well known exponent of the Eclectics: We are glad to learn that there is little chance of the bill now before Congress providing for a Depart-

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ment of Health of the National Government becoming a law. Whatever our law-makers may do in regard to legislation on political matters, they are evidently not willing to pass laws that would make it possible for any one man or body of men to dictate the system of medicine by which people should be cured, or the religion they should die by.

We want no union between Medical Science and the State. We need no legislation, no paternal government, to protect or foster the progress of medicine. All we ask is absolute freedom of thought and action. With this, medicine will keep peace with the general progress of the age and nothing but scientific truth can stand the test of untrammeled investigation.

Already the medical officers of the army and navy have discriminated against all but Allopathic graduates. How then can we expect that a Minister of Health would do otherwise. Political doctors are not, as a rule, capable of becoming scientific physicians, nor can any true physician become a successful politician. It is, therefore, imperative that medicine and politics should be forever divorced.

The officious interference of State Legislatures with the practice of medicine is further exemplified by the introduction of a bill into the New York Legislature which proposes to make it compulsory for physicians to use prescription blanks provided by the health authorities. If such a bill should become a law it would soon be followed by others that would place such limitatious on personal liberty that the entire profession would ask for the repeal of every law relating to the practice of medicine.

Every restraint placed upon the freedom of the individual only strengthens the arbitrary powers of the few in shaping and directing government control.

Professional Courtesy is certainly a qualification which should characterize physicians in general. As the *Journal* of the State Medical Society of Arkansas says, courtesy between professions, especially such as are near of kin by the ties of consanguinity or similarity, is just the same as courtesy between individuals, and there runs through its several definitions a shade of meaning which plainly indicates that its exercise does not by any means include anything like affectionate slopping over. It rather implies a dignified, respectful bearing of the one party towards the other, which, while it never loses sight of self-respect, fully recognizes and appreciates the claims of its object to all it has to give. A better understanding of what really constitutes true courtesy would solve many of the vexed questions which arise as to the proper attitude which druggists should maintain toward physicians, and *vice versa*. In its light, each could see that there was enough dignity, pride, self-glorification even, within his own domain to fully occupy his time, without wasting it in sentimental gushings upon the neck of the other; and he would find, too, that if properly attended to, business enough to leave no time for running that of the other. Both would learn that a respectful independence tended greatly to promote harmony and good will, and that living under the same roof, for instance, was not ordinarily productive of deep and lasting affection. The walls of the doctor's office would not be plastered over with druggist's cards, and the latter's showcases with those of the doctor.

Opium Disease is the only proper term to use according to Dr. T. D. Crothers (*Quart. Jour. Ineb.*). In a paper dealing with this subject he writes as follows: As a preface I wish to express my emphatic dissent against the common use of the word *habit*, in describing the opium disease. The popular meaning conveyed by this term is some state or condition volun tarily acquired and retained, with the certainty of being thrown off at any time at the will of the patient. This view assumes a knowledge of the physiology and psychology of the brain and its functions that is not yet attained. Hence the use of the word is incorrect, wrong, and contradicted by the facts in the clinical history of each case. It also conveys a false impression of the nature and origin of such cases, and is a word to which different meanings will always be given. No other word is more misleading and confusing, when applied to opium, alcohol, and other border-land neurcses.

The Attention of Non-Subscribers is called to the special offer on ad. page xii.

Glycosuria Probably Due to Lesion of Diabetic Center.—Dr. A. K. Stone reports the following interesting case (*Bost. Med. and Surg. Jour.*):

A girl, thirteen years old, of good family and personal history, had an alveolar abscess and later an otitis media. This was followed by attacks of headache mostly located upon the left side. There was increase in thirst and in the amount of urine passed. During the headaches there was diplopia. When first seen she had lost about seventeen pounds of flesh, was weak, with persistent headache over the left eye, bowels constipated, skin harsh and dry. Paresis of the sixth nerve on the left side. Absence of all tendon reflexes. Urine: five pints, pale, and specific gravity 1,050; no albumen; sugar, nine per cent. by the polariscope. On limited diet she improved for a time, then the headaches became more severe and a general neuritis appeared. The muscles of the neck were tense. There was a return and exaggeration of all the reflexes and ankle clonus was present. During the starvation diet of the semi-conscious period, the sugar in the urine gradually fell until just before her death the analysis showed specific gravity 1,030; albumen a trace; sugar absent. Two days before death there was paralysis of the right side, with marked signs of irritation on the left side, followed the next day with paralysis of the left side.

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Dyspnea of Heart-Disease.—Little, in the Birmingham *Medical Review*, states that he has employed for many years the following solution in the hypodermic treatment of the dyspnea of cardiac disease:

℞ Sulphate of morphine, - - gr. iv.
Hydrate of chloral, - - gr. ij.
Atropine sulphate, - - gr. $^1/_{10}$.
Camphor water, - - q.s. ad ℥ss.
M.
Sig. Fifteen minims at a dose.

The chloral is added merely to make the solution keep. It renders the injection slightly painful, and may be left out if the liquid is to be used within two or three weeks of the time that it is prepared.

Aluminum Artificial Limbs.—On March 8, Letters Patent was issued to the firm of A. A. Marks of New York, for artificial limbs constructed in part of aluminum. This metal with its unlimited uses seems to be peculiarly adapted for surgical appliances, instruments and artificial limbs; its low specific gravity together with its great comparative strength are qualities that are desirable to be combined in an artificial leg or arm, and we predict a very large demand for the new aluminum limbs just about to be put upon the market by this enterprising house.

There are amputations of the lower limbs that surgeons deem desirable to make in order to remove a part or the whole of a diseased or injured foot, without sacrificing more of the member than the parts involved. We refer to amputations termed tibio-tarsal, tarsal, tarso-metatarsal and medio-tarsal. These amputations have always been in disfavor with artificial limb makers, who have almost to a unit decried their license, and in too many instances have persuaded the surgeons to sacrifice much of a healthy leg merely to obtain a stump that would better accommodate the artificial limbs that they were able to produce.

The new artificial leg constructed of aluminum combined with the rubber foot is adaptable to the above enumerated amputations. The socket of aluminum encases the stump and on account of the strength of the metal, the socket does not increase the diameters of the ankle to an objectionable degree in order to obtain the requisite strength. It is obvious that by this invention the amputation can be conditional upon the injury, and the artificial limb conditional upon the amputation. In this alone the invention of the aluminum and rubber leg will prove not only a boon to the man who has suffered the amputation, but the solution of a problem that has many times perplexed the operating surgeon.

Aluminum also plays an important part in the construction of strong and durable artificial arms. The socket of an arm being made of the metal is light and strong and will enable the wearer to subject the artificial arm to severe uses without danger of destruction. It will not crack from overstrain like wood, it will not become soft and limpsy or foul from perspiration like leather; it is lighter than any other metal and is amply strong for every purpose. These inventions will unquestionably mark a new era in the industry.

Constipation of Infants.—Karnitsky's method of treatment by abdominal massage was used by him in twelve cases of chronic and twelve cases of acute constipation in children from eight to eleven years of age (*Diet. and Hy. Gaz.*). The following are his conclusions:

1. Abdominal massage may produce effects upon the alimentary tract, in connection with digestion, which are not inferior to those produced by purgatives.
2. Habitual constipation may be easily cured by massage without the aid of purgatives.
3. The younger a child is the more readily can the constipation be cured.
4. The younger a child is the milder should the manipulations be, and the shorter the seances.
5. The duration of the seances should be from three to ten minutes, according to the age of the patient. Longer seances are inadvisable, and may even be harmful and aggravate the condition of the patient.
6. Abdominal massage may be regarded as the best means of treating constipation in children. Purgatives should only be used in exceptional cases.

Treatment of Phthisis.—Dr. Turban thinks (*Balneolog. Centralbl.*) that Koch's remedy promises good results if used in conjunction with the two following factors, viz., treatment in an institution according to the principles of Dettweiler and a residence in the mountains. He has thus far treated fifty-three cases of pulmonary tuberculosis with tuberculin in this manner. Of these cases forty-seven were improved and in thirty-one the improvement was marked. The reactions were usually slight and developed late in the course of treatment.

Thymacetin.—This substance, obtained by a German chemist, Hoffman, of Leipzig, bears the same relation to thymol as phenacetin does to phenol (*Les Nouveaux Remedes*). Dr. F. Jolly, of Berlin, who has experimented with thymacetin in several nervous and mental diseases, has found that this drug possesses incontestable analgesic and hypnotic properties. It calms certain nervous headaches, although it does not seem to exercise any influence upon true migraine. Its hypnotic action is a reality, but it is inconstant. Thus, of 26 patients (paralytics, delirious subjects, etc.) to whom thymacetin was administered to produce sleep, 10 were unaffected by it, while in the other

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16 its hypnotic action was very decided. In the cases where the remedy was effectual the sleep produced was in no way inferior to that produced by chloral.

In medicinal doses, thymacetin is not toxic; however, it is capable of producing at times considerable cerebral congestion, with tinnitis aurium and a throbbing sensation. The doses employed by Dr. Jolly varied from 0.25 to 1 gramme (4 to 15 grains). The hypnotic dose was 0.50 gramme (7½ grains).

Hysterical Mutism.—M. Troisier recently exhibited a case (*Bull. Med.*) which he stated corresponded to Charcot's description of hysterical mutism. The patient had complete motor aphasia and aphonia. It is impossible for him to articulate a single word or to produce the slightest noise; he simply moves the tongue and lips. But he cannot produce those mouements of the lips concurring in the articulation of the words pronounced for him. He is not agraphic, neither is he affected with word-blindness, nor with verbal deafness. Intelligence is intact. Upon admission to the hospital there was paresis of the right side, with hemianesthesia of the skin and mucous membranes, contraction of the visual field, diminution in sight, hearing, taste and smell. The hysterical phenomena have nearly entirely disappeared. There is no doubt as to the diagnosis. The patient indulged in alcoholic excesses and, two weeks before presentation the mutism supervened upon a debauch. A year previously he was in an asylum for ballucinations with delirious ideas.

Drugs as Emmenagogues.—Dr. W. C. Caldwell says (*N. A. Pract.*):

1. A drug may increase the function by acting directly on the ovaries and uterus or the ends of the nerves contained in them. These drugs are called stimulating emmenagogues. Among them may be mentioned rue, savine, cantharis, tansy, pennyroyal and apiol. These drugs do this:

a. By irritating the mucous membrane during their elimination through the utricular glands.

b. By producing hyperemia of the ovaries during their circulation through them. Since these drugs stimulate the uterus and ovaries they are specially indicated in atonic amenorrhea, that is when the uterus and ovaries are primarily at fault, when the inactivity is not due to anemia.

2. A drug which stimulates the descending colon and rectum may increase the function. These drugs are called purgative emmenagogues. Aloes is the only drug belonging to this class. It increases the menstrual flow:

a. By irritation of the mucous membrane of the lower intestine, hyperemia is caused, and since, as shown in a diagram, there is an intimate collateral circulation between the uterus and lower bowel there will also be a simultaneous hyperemia of the uterus.

b. By acting also in the same way as the stimulating emmenagogues, that is directly on the uterus and ovaries.

3. Heat and rubefacients applied to the skin may reflexly produce dilatation of the uterine vessels and in that way excite menstrual flow. Irritation of the feet and legs appears to be more effective than any other part of the skin, because it so happens that the roots of the nerves, as shown in a diagram, distributed to the legs, are near the reflex center in the cord presiding over the uterine vessels. As a consequence of this action a common and efficient domestic remedy for the purpose of bringing on the monthlies, when it is tardy or suppressed by cold, is a hot mustard foot bath before going to bed.

4. Drugs which improve the blood increase the flow, when it is diminished by anemia. These are called tonic emmenagogues. Iron is the most important of these. Iron and aloes are often combined, not only because in anemia there is usually constipation which the aloes will remove, but because it will congest the anemic uterus in the manner described.

Bacteria in Wounds and Skin Stitches.—Drs. Hunter Robb and Albert A. Ghrisky have been studying this subject and feel justified in drawing the following conclusions (*Johns Hopkins Hosp. Bull.*):

A wound at some time of its existence always contains organisms. They occur either on the stitches or in the secretions.

The number of bacteria is influenced by the constricting action of the ligatures or drainage tube, or anything interfering with the circulation of the tissues.

The virulence of the organisms present will influence the progress of the wound.

The body temperature is invariably elevated if the bacteria are virulent; and, indeed, in cases where many of the less virulent organisms are found, almost without exception, there is some rise of temperature.

Different suture materials offer different opportunities for bacterial development. The catgut suture would seem to be the best adapted to their growth. In the event of the presence of the streptococcus pyogenes or staphylococcus pyogenes aureus infection, such cases should be isolated as far as possible, to prevent the infection of subsequent cases, which almost invariably follows where isolation is not practiced.

Undue constriction of the tissue by ligatures must be avoided, if the tissues are expected to resist bacterial invasion.

Such bacteriological examinations as we have just reported teach us the importance of securing an aseptic field of work and technique, as the introduction of a virulent organism under the above circumstances would be productive of great harm.

We have no sure and absolute method of rendering the field of operation entirely free from organisms, owing to the impracticability of destroying them in the superficial layers of the skin. The staphylococcus epidermidis albus (skin coccus) is found in the skin with such

regularity that the latter situation may, for all practical purposes, be regarded as its natural habitat; and our methods are not successful in reaching those bacteria in the depth of this structure.

It has been proven that the use of permanganate of potassium and oxalic acid in disinfecting the skin reduces the danger of infection from this source to a minimum.

Antipyrin Benzoate.—This is one of the latest preparations of antipyrin. It is prepared by mixing antipyrin with a boiling aqueous solution of benzoic acid. The process of decomposition goes forward, the resultant benzoate gathering at the bottom of the vessel in the shape of a yellowish liquid, which, on cooling, solidifies into an opaque and friable mass. By dissolving this in alcohol and evaporating the solution, little crystals of antipyrin benzoate are obtained. The product is almost insoluble in hot or cold water, but easily soluble in all parts in alcohol and ether. It has a piquant taste and an odor of benzoic acid. In solution it gives an acid reaction, strikes a red color with perchloride of iron.

Treatment of Pneumonia.—Dr. Geo. E. Talbert gives his method (*Med. News.*) of this disease which we present to our readers, as the subject is always an interesting one. The following is his treatment: He first gives a cathartic of calomel (10 grains) and a tablespoonful of castor-oil. He then applies a cantharides blister over the region of pain, commencing immediately with fluid extract of ergot, giving one dram every three hours, remembering that ordinarily six teaspoonfuls make one ounce, and by using two of water and six of ergot, a teaspoonful makes a dram at a dose.

The action of ergot is to cause the constriction of the unstriped muscles, of which the coats of the arteries contain fibers. By this method the blood is forced away from the congested parts, and the heart is relieved. Quinine and antipyrin reduce the temperature without removing the cause.

He has had eight cases in which he has used this treatment, and in all congestion was removed in from two to four days, the temperature, respiration, and pulse in that time becoming normal, with rapid convalescence.

He has never used ergot except in the stage of congestion, for the reason that in all cases the disease was arrested before the lung was hepatized. If, however, he should see a case in which there was hepatization, he would still give ergot, not because it would relieve the hepatized portion of the lung, but to prevent the further extension of the disease.

The blister and cathartic no doubt aid in removing the congestion.

Induration of the Sterno-Cleido-Mastoid Muscle in the New-Born.—Dr. Clarendon Rutherford, professor of descriptive anatomy in the College of Physicians and Surgeons, of Chicago, has sent the *N. Y. Med. Jour.* an account of another case in which this condition was observed, and under circumstances similar to those recently reported. It occurred in May, 1890, in a first child, the head and shoulders of which were large. The induration was on the right side and extended from the clavicle upward about two inches. The muscle was somewhat tender on manipulation. The face was slightly turned to the left side and the head drawn toward the right shoulder. The swelling was first noticed during the fourth week after delivery, which was instrumental. The umbilical cord was around the neck, and the traction on the head and shoulder might have done the damage. The induration disappeared in about four weeks, after the use of an ointment of sodium iodide, potassium iodide, and vaseline. The child did not grow until after the disappearance of the swelling. There were no glandular enlargements.

Nature of Inflammation.—Dr. W. P. Carr in a paper on this subject (*N. Y. Med. Jour.*) states that every form of acute inflammation is a conservative process; and not only so, that it is only an excessive activity or exaggeration of the normal functions of living tissue.

We see that it consists essentially in all cases of a warfare of the blood elements upon bacteria and a replacing of destroyed tissue by round cells from the blood. Why, then, may we not define inflammation as an unusual activity and concentration of blood elements in a tissue for the purpose of repairing injury or repelling noxæ?

And this definition need not be limited to acute inflammations. For, although there is some difference of opinion about chronic inflammations, particularly the scleroses, as to whether connective tissue is formed first, or whether destruction of cells takes place first, we must regard them as conservative. We must admit that they consist in a formation of connective tissue or glia, either for the purpose of replacing destroyed cells or for the purpose of walling out and limiting the action of a poison or irritant, a noxious substance.

Understanding thus the nature of inflammation, and being able to explain all its varieties, we are surely in a better position to prevent the dangerous forms—to prevent, in fact, all forms except the aseptic, and to guard against the danger of auto-infection and of operating upon tissue enfeebled by the absorption of ptomaines from the intestine.

Menthol in Pruritus.—According to the *Medical and Surgical Reporter* Dr. W. Dubreuilh, of Bordeaux, uses menthol in all itching skin diseases with sucess. In urticaria, certain eczemas and in the itching following scabies after it has been cured it shows its greatest efficacy. In urticaria or pruritus without any lesion it may be employed as a ten per cent solution in alcohol or oil. In eczema the alcoholic solutions may

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cause irritation, and as their action is more transient it is better to employ the solution in oil:

℞ Menthol, - - - grams 6–10.
Ol. amygdalar. dulc., - - " 100.
M.

Or a salve of the oxide of zinc and menthol, for example the following:

℞ Menthol, - - - - grams 1–5.
Zinci oxydi, - - - " 10.
Vaselin,
Adipis, - - - aa grams 25.
M.

In case it is used upon the face, vulva, or excoriated surface, it will be necessary to lower the dose. It can, on the contrary, be elevated when the pruritus is excessive and more localized. Menthol has the advantages of being cheaper than cocaine and less odorous than peppermint essence.

Chronic Bronchitis with Asthma.—In the clinic at the Jefferson Hospital, for a case of chronic bronchitis with asthma, in a woman aged forty-seven years, Prof. Wilson prescribed the following treatment (*Coll. and Clinic Rec.*): Carefully regulate her diet, and especially prevent constipation (patient may have a compound rhubarb pill at night). Every morning her chest and throat should be washed with cold water and then rubbed with a coarse towel until a glow is produced: and she should take the following prescription:

℞ Potassii iodidi, - - - gr. ½
Liq. potassii arsenitis, - - gtt. iij.
Syrup. sarsaparillæ comp., - - ʒj.
M.
Sig. Three or four times daily.

This is to be continued for two weeks, then the dose of the iodide of potassium to be increased to seven grains and continued for three months; the patient should be watched at short intervals. At the end of the three months she may discontinue it for a short time, and then the modicine may be given for another course of three months.

Diagnosis of Typhoid Fever.—Ehrlich employs the two following solutions (*Nat. Drug.*):

A—Sodium nitrate, - - - gm. 1.
Distilled water, - - - gm. 100.
Mix and dissolve.
B—Hydrochloric acid, chemically pure, - - - ccm. 10.
Distilled water, - - ccm. 190.
Sulphanilic acid, sufficient to saturate, say, - gm. 2.50.
M.

Pour into the test tube a small quantity of the suspected urine, add a little of solution A, and immediately a like quantity of solution B. Shake, and add a few drops of ammonia. If typhus or typhoid be present, the mixture will turn wine-red in color.

San Francisco Letter.

Editor Medical Review.—The State Medical Society has been holding its annual meeting in this city during the last three days and while many interesting papers have been read and many valuable reports discussed, the session will be famous in the history of the Society as much for its social enjoyments as for its scientific work. A program was laid out which has not given the members a solitary five minutes since Tuesday's morning. It has been like a "senatorial funeral junketing excursion." The members and their wives and daughters have been suffering from fetes, banquets and receptions galore—a conversazione at the residence of Dr. R. A. McLean yesterday, a banquet at Sutro Park the day before, a fete in the evening presided over by the Mayor, a steamer trip around the bay to day, so that session will long live in the memories of the country members. The President Dr. Burgess in his opening address spoke at length upon the subject of newspaper advertising. He said "that we all have to advertise some way or other—we must get our names before the public and the only question is, how?" He "believed that the day is not far distant when every reputable paper will have a medical department, giving reports of cases," and seemed to feel that the future doctor will be full of schemes to get his name therein. Regarding the papers read I shall only notice those on medical jurisprudence, a matter which seems to me of very much importance. The Committee presented three papers and Dr. H. H. Clark rose to the occasion and made some very strong remarks on the criminal ignorance displayed by the profession at large upon legal matters. From comments from members of the College Faculties I think the subject will receive more attention in the future, in the regular courses of study. At the election of officers, Dr. W. E. Taylor was made President, Dr. M. Regensburger Vice-President, the remaining offices being filled the same as before, with the exception of the Board of Examiners, the election of which precipitated a wrangle, charges of "jobbery" freely circulating. When all had quieted it was found that ten men had been elected to fill seven places on the examining board. This tangle will be straightened this evening before the session closes. San Francisco was chosen as the place for the next annual meeting.

The steamer "China" arrived last week flying the yellow flag and again war broke out between Dr. McIntosh, the surgeon in charge of the Federal Quarantine Station and Dr. Lawlor, the State Quarantine officer, as to the disposition of the one case of small-pox

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on board—Dr. Lawlor, as before, carrying his point and landing his patient. News has since been received that Dr. McIntosh has been assigned to duty at New Orleans and Dr. Carmichael from Port Townsend will reign in his stead. Dr. Lawlor has several times complained of the lack of courtesy shown him by the surgeon in charge at Angel Island, while attending to his duties as State Quarantine officer.

A conference has just been arranged between the State and City Boards of Health and they will meet this evening to discuss ways and means for the erection and maintenance of a State Leper Hospital. At present lepers from all the Coast are brought to the San Francisco Hospital and supported by the city, and it takes money from the City Hospital funds which is absolutely needed in the City and County Hospitals.

The Health Officer of Alameda Co., has, during the last few days, been devoting his attention to a case of glanders occurring among the old Spanish residents at Temesca. An old man named Reratta had lost three horses within a few weeks and was a good deal around the stable attending to the sick animals. One of the neighbors told him the horses had glanders, advised him to report it and warned him of the danger, at last reporting the matter himself at the Health Office. Since the investigation commenced Reratta has died and another horse has fallen a victim. The rest of his stock has been quarantined and the barn burned.

Later.—The conference of the Health Boards of the State and of the City this evening has resulted in their appointing a committee of five to draft a bill for the next Legislature making an appropriation to build a State Leper Hospital. S. J. H.

April 21, 1892.

Buffalo Letter.

Editor Medical Review.—At the April meeting of the Buffalo Medical and Surgical Association, Dr. Ducien Howe read a paper on "The Recording of Cases." On the debit side of the question was to be considered the expenditure of time, fifteen or twenty minutes a day and the slight cost of stationery; on the credit side there was the advantage to the physician and the patient. A man who records his cases is led to formulate his opinions as to diagnosis and to criticise his own treatment, and thus to have actual experience instead of merely seeing cases. An ordinarily large sized blank-book could be used for keeping the histories of the cases, two cases being allotted to each page. The history-book could be used to include the data of a day-book or as an adjunct to it. A very practical advantage of the system of keeping the history of each patient was that it enables one to re-issue a prescription after months or years. The annual election of officers followed.

The principal feature of the Pathological Society meeting was an address by Dr. Thornbury on the bacillus of influenza. He described the announcement of its discovery by Pfeiffer and Kitasato in Berlin. It had been found uniformly in a large numbers of cases in the sputum, usually lying in the cells. It had also been demonstrated in the blood from which, also, it had been cultivated. In a test-tube containing agar-agar the bacillus grew in quite a different manner from that in which most microorganisms grow for it formed small isolated colonies. The bacillus was best stained with Ziehle's solution and as a counterstain, methylene-blue could be used. The middle portion of the bacillus was stained more deeply than the ends. It was very small, not more than a third the length of a tubercle bacillus. Consequently it might be mistaken for a micrococcus, and in fact, it was now thought that the germ announced in Berlin last fall as the influenza coccus was the same microorganism which a more careful examination shows to be a bacillus.

Dr. Van Peyma presented a heart with patulous foramen ovale, the case being that of a child about one year old, who had always been cyanotic. The pulmonary artery was very small, and the question was raised whether the bronchial branches of the aorta, which carried only partially oxygenated blood, had not taken up part of the function of the pulmonary artery.

Dr. Bergtold showed a specimen of pyonephrosis and cystitis with hypertrophy of the bladder-wall and enlargement of the prostate which was marked by a distinct third lobe. Dr. Park said he did not consider the third lobe a normal part of the prostate. Dr. Mynter was rather inclined to think that there was normally a minute third lobe and asked how the quite uniform appearance of a median lobe in enlarged prostate could be explained otherwise. Dr. Park referred to the development of uterine myomata as distinct lobulations and also to the growth of the thyroid body into a trilobed mass, although the isthmus of the thyroid could not be considered a lobe. If such growths could occur as distinct lobulations, why could not the prostate develope one also? Dr. Park also stated that studies in embryology and comparative anatomy revealed no analogue of a median lobe of the prostate. Dr. Rochester, alluding to the supposed causative relation of enlarged prostate to cystitis, expressed the opinion that the cystitis was very often due to catheterization and not directly to the irritation of the prostatic obstruction. Dr. Benedict prophesied that prostatic troubles would occur more frequently, and in younger subjects in the next ten years on account of the use of bicycles.

Dr. Williams showed the saccharomyces albicans from a case of stomatitis and also the embryo of a tapeworm. The latter he had mounted in a mixture of glycerine and Canada balsam.

A contagious cold is quite prevalent, it does not seem to be a return of the grippe but a mild influenza.

Date of Expected Confinement.

Editor Medical Review.—Dr. Gerald, in the Review of April 16, would have us believe that he had arrived at a solution of the hitherto unsurmountable

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problem—that of the exact date of confinement of pregnant women. Two hundred and eighty days is the average time of utero-gestation, but the variations are great and numerous. The following from my visiting list shows how far most women miss the mark:

Name.	Date of Expected Confinement.	Date of Confinement.	Remarks.
Mrs. J.	January 20.	January 9.	Multipara.
Mrs. K.	February 10.	January 11.	Primipara.
Mrs. W.	January 1.	January 13.	Multipara.
Mrs. McC.	November 30, 1891.	January 21, 1892.	Primipara.
Mrs. B.	February 25.	March 7.	Multipara.
Mrs. B.	January 15.	February 7.	Primipara.
Mrs. M.	February 15.	February 9.	Multipara.
Mrs. H.	March 15.	February 14.	Multipara.
Mrs. M.	February 25.	March 5.	Multipara.
Mrs. S.	February 25.	March 1.	Primipara.
Mrs. S.	February 15.	February 21.	Primipara.
Mrs. K.	February 25.	March 8.	Multipara.
Mrs. G.	April 1.	April 1.	Primipara.

From these data it is utterly impossible to formulate any rule by which even an approximate date of confinement could be predicted.

The intelligent experienced physician when called to attend a case of confinement can readily ascertain whether labor has actually set in or not, regardless of the time of expected confinement.

April 20, 1890, I was hastily summoned to see Mrs. B., living three miles in the country, whom, the messenger informed me, was "gittin a baby." I hastened to the place and when within a hundred yards of the house I heard Mrs. B. screaming as if she was "gittin two babies." The husband motioned to me to hurry and upon reaching the little cottage he informed me that her pains had been terrible for the last hour and he thought the baby must surely be almost here. I hurriedly made an examination and found that the cervix was still spindle-shaped, rigid and firmly closed. Without further ceremony I injected hypodermatically one-fourth grain of morphine sulphate. In ten minutes all pain ceased and did not again return until April 25, when labor set in and was terminated in thirty minutes. Viburnum prunifolium is an excellent preparation in mild cases of threatened abortion but in active cases its action is too slow and uncertain.

Hooper, Neb. M. T. Zellers, M.D.

A Case of Leucoderma.

Editor Medical Review.—The following case may prove of interest to some of your readers as it is a little out of ordinary: About six months ago I was called to see a Mrs. B., (c) aged about 42. I diagnosed without trouble or hesitation bilious intermittent fever and prescribed accordingly. I was, however, rather puzzled at her appearance aside from her complaint. Her complexion was very fair (that of the fairest Anglo-Saxon) while her features and hair indicated that she was at least three-fourths African. This peculiarity in looks was heightened by two irregular dark brown patches on her face, one between the eyes, the other encircling the mouth. She made a speedy and uneventful recovery and was dismissed.

I was called about two months later to see her and found her suffering from dysmenorrhea. From that on she presented a different set of symptoms every few days. I have left her suffering from every symptom of bronchitis and returned next day to find every evidence of inflammation of the bowels and no trace of the bronchitis. So with pericarditis, so with pleurisy, ovaritis, cystitis, endometritis, etc., *ad infinitum*. Again I have made a careful physical examination without finding any evidence of disease in any organ. She was at times plethoric, at times anemic. At times she was very nervous and fearful of dying; then religious and hopeful; then dull and indifferent. Now anorexia, now bulemia. She is a very industrious woman when well and is the mother of a large and intelligent family.

Up to five years ago she was of a dark-brown, (almost black) complexion. At that time she had a miscarriage. As she recovered her color began gradually to change until she is white (almost ivory white) with the previously named exceptions and the axillæ and pudendum. Her hair and eyes are unchanged except by time.

I had several physicians in consultation. Treatment symptomatic.

The above is but a sketch; much is left out to preserve the injunction:—Be brief.

Clarksville, Tenn. C. V. Roman, M. D.

State Medical Society, Meeting at Pertle Springs, Mo.

From our Special Correspondent.

Editor Medical Review.—Your correspondent has just returned from a visit to Pertle Springs, where extensive arrangements are being made to entertain the State Medical Society, which meets there on May 27, next. Mr. J. H. Christopher, proprietor of the Wannawawa Hotel, has just added sixty new rooms which will be newly furnished and formally opened on May 15. The large auditorium near the hotel will be devoted to the society meetings while a spacious exhibit hall adjacent will accommodate all the exhibitors who may come. No charge will be made for space except to those who secure parlors in the hotel. A "dummy" line connects Warrensburg with the Springs, one mile distant, on which trains will be run every five minutes. Those desiring to remain in Warrensburg will find two excellent hotels there, at which a rate of $2.00 a day is guaranteed, as also at the "Wannawawa."

I am informed that the Missouri Pacific Railroad has in press a souvenir of the meeting which will show

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every convenience in the way of transportation. Close connections will be made with all trains at Kansas City, Sedalia and other points. The sleepers leaving St. Louis on the evening of the 16th will be switched at Warrensburg, and the occupants will not be waked until breakfast.

Extensive facilities are provided for boating on the large lakes which will no doubt furnish pleasant diversion in the interval of the Society's sessions.

Dr. J. I. Anderson, of Warrensburg, is Chairman of the Committee of Arrangements and will shortly send out notices of the meeting.

Mr. Christopher is daily receiving applications for space in the exhibit hall as well as inquiries from members who will attend.

From an extensive tour among the physicians in the western part of the State, I am persuaded that the attendance at this meeting will be very large as there seems to be a general disposition among the country physicians to decide whether the profession at large or the medical colleges shall determine what is to be the status of medical education in Missouri.

Dr. J. H. Duncan, of Kansas City, sent out notices early and already has a large number of scientific papers which will be read. Altogether the indications point to a good attendance.

Warrensburg, Mo. J. W. L.

Haps and Mishaps of a Country Doctor.

Editor MEDICAL REVIEW.—Was called in 1869 late one afternoon to go ten miles. Was informed that Mrs. D., the patient, had given birth at sunrise of the previous day to a fine healthy child, that the doctor in attendance, (a stranger, visiting in the neighborhood, and claiming twelve years' practice in Virginia) had, soon after the birth of the babe and after his breakfast, gone to his home only to be re-called in a few hours to officiate at the birth of another babe—still-born—from the same mother; that since then, for nearly fifty hours, she had been wasting frightfully, and having a number of fainting spells.

I reached the house at sunset. On entering, the patient, a large stout woman when in health, but now exhausted, with bloodless face and pitiful appealing eyes, exclaimed, "Oh doctor, save me if you can."

Dropping my fingers on the wrist I could feel no pulsation whatever, and on inquiry of the attendant doctor (?) was told that the placenta was still retained, that he "had made no effort to remove it, as he had no medicine," and that she was not only wasting, but also vomited all food and drink.

I administered at once a dose of ergot in brandy which came instantly back. I then threw off my coat, bared my arm, introduced my hand and as rapidly as possible peeled away an adherent placenta with my finger nails. Finding no uterine contractions I undertook to pass a ball of snow as large as a hen's egg into the uterus, but the vaginal heat was so great it melted as in a furnace. Another, pressed hard and as large as a goose egg being handed me, was passed to the fundus uteri, where the placental adhesions had been.

Instantly on coming into contact with the denuded surface strong uterine contraction came on, ejecting both snow-ball and hand. To keep up the contractions and prevent further oozing, I applied a towel of snow over the abdomen and placed, as fast as melted, small marble-sized snow-balls within the vagina and against the os uteri.

In the meanwhile I had the patient stimulated in every way I then knew, using frictions of hot alcohol and capsicum, mustard and other hot application to the extremities, hypodermics of whisky with a very little morphia, inhalations of ammonia, camphor, etc.

At 2 o'clock that night I had the satisfaction to feel slight pulsation at the wrist, to see small quantities of milk punch and other fluid foods retained on the stomach, and by 9 A. M., such improvement as permitted my departure. Recovery was uneventful. Some four years later, after I left the vicinity, she was again confined and her physician (not the former but a worthy skilful practitioner) informed me that she, immediately after the birth of her babe, unaccountably and suddenly died.

CONCLUSION.—I have repeatedly used snow, ice, or iced water in post-partum hemorrhages and menorrhagia, and so far have not failed to obtain prompt relief.

In similar heart failures we should add to the treatment hypodermics of nitro-glycerine, digitalis, strophanthus, strychnia, atropia, etc., with the local use of rubber bottles of hot water over the heart and the extremities. INCOGNITO, M.D.

Menstruation Among the Insane.—Dr. Helen W. Bissell has studied this subject closely (*North. West. Lancet*) and the general conclusions that she has reached from her whole work are:

1. That there is no entirely regular menstrual history if a number of years be taken into account, and that periods falling in from between three and five weeks are to be considered normal.

2. That normal menstruation is an expression of the general condition, and that its suppression is often only an indication of the needs of the system, and so is a conservative act of nature.

3. In the chronic insane the menopause makes no radical change in the form of disease.

4. In acute cases menstruation returns with regained general health, and is an indication that the system can again sustain the loss of force. It is always to be regretted when there is not at the same time increased mental vigor.

5. Tonics and general measures are as a rule preferable to direct or local treatment, though sometimes both are valuable.

6. The underlying conditions which cause irregularities of menstruation are oftener the cause of mental disease than those deviations per se.

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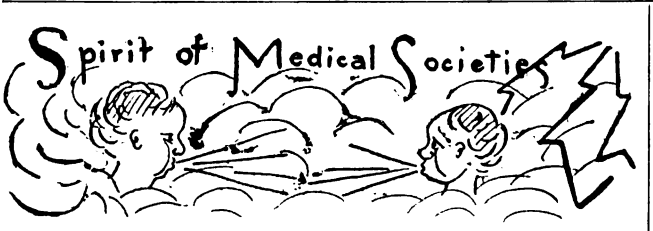

St. Louis Medical Society.

A stated meeting of the St. Louis Medical Society was held Saturday night, April 30, President Walter Coles in the chair.

There were no reports from the committees.

Dr. Bremer, under the head of extraordinary business, asked to present to the Society two petitions; one addressed to the Senate of the United States and the other to the Legislature of Missouri asking them to control the sale of cigarettes to minors. He gave his hearty approval to the scheme and asked, not for the combined action of the Society, but the signatures of the individual members. The petition called attention to the laws of the State of New York.

Dr. Johnston thought it to be futile to sign such petitions. It was easy to sign one's name depriving one's son from smoking and the signer then to go out and smoke a cigar. Personal example should be the power to control the patient.

Dr. McIntyre made some humorous remarks but believed in a good smoke. He thought it was an incentive.

Dr. Lutz presented some specimens. One, a case in which he had removed ten calculi by the suprapubic method of operating and the immediate closure of the wound. He believed that our increased diagnostic ability, together with better medication, explained the fact that the large stones formerly met with were no longer seen. He also presented specimens of two cases of castration in which there had been no history of tuberculosis but in both of which tubercles were found; the histories being that of chronic orchitis.

In a case of appendicitis on which he had just operated he demonstrated that although adhesions might occur with the omentum yet they were not necessarily protective.

Dr. Dalton agreed as to the non-protective power of the omentum in such cases. He then reported a case of a "Stab Wound of the Gall-Bladder." The injury had occurred several hours before he saw the patient, and, although the intestines protruded, they had been protect ed by a common undershirt only. The cut in the abdomen was enlarged and after perfect antiseptic treatment the intestines were returned. Further examination showed an injury to the gall-bladder which, during manipulation, gave vent to a considerable quantity of bile. A cut was also found on the stomach about two and one-half inches in length, not penetrating however. The usual treatment by means of gauze was adopted and the Lembert suture used; recovery was rapid.

Dr. Bremer presented specimens of urine obtained from a patient, one being normal, the other showing chyluria. Especial attention was called to the fact that the latter phenomenon generally showed itself at night; also to the two principal causative factors and the part mosquitoes played in propagating the disease. In the case presented any severe mental motion caused the the phenomenon. Careful examination of the blood had been made but no excessive amount of fat was found; the urine showed no traces of sugar. The prognosis in such cases was generally good, especially in females. The doctor also reported a case of cerebro-spinal meningitis: the suddenness of the attack and the only objective symptoms—herpes of the auricle and retraction of the head—was peculiar. He demonstrated the embryological remains of the blood vessels passing from the pia to the dura mater, and their pathological significance.

Dr. Barclay thought the manifestation of herpes in neurotic affections should be looked into.

Dr. Shaw reported a similar case but questioned the diagnosis. It was a case of cerebral meningitis he thought; had spinal inflammation been included more distinctive symptoms would have shown themselves.

Dr. Broome said the peculiar venous communication was new to him. He described the general arterial distribution and stated that the artery generally ruptured in cerebral hemorrhage was the lateral branch of the middle meningeal.

Dr. Bremer in closing, said, the embryological remains were unquestionable as he had demonstrated them.

Crural Hernia in the Fetus.—Dr. Elizabeth M. Cushier presented to the New York Pathological Society (*Medical Record*) an embryo of three months, showing a very marked crural hernia. In this case there was no possibility of its being the result of traumatism. The integument had been broken through, and the intestines lay upon the thigh of the embryo. Dr. Mary Putnam-Jacobi, who had seen the specimen, had called attention to the unusual shortness of the umbilical vein, and the displacement of the liver, and had suggested that the hernia was the result of this displacement. This seemed a rational explanation, as the pressure of the intestines in the lower part of the abdomen might have distended Poupart's ligament and the crural ring, which is so small in the embryo, and in this way have favored the protrusion of the intestine.

Crural hernia in the young subject was very rare; in six thousand cases quoted by Gerhardt no instance of such hernia was found in a child under one year of age. Dr. Cushier had been able to find only one example of this condition occurring in the fetus, and that one was reported by Picquet in the Bulletin of the Anatomical Society of Paris, in 1846. That case bore a striking resemblance to the one just presented. The mass was in the left crural region instead of the right, as in the present case; the integument was intact, and the liver as well as the intestine protruded from the ring.

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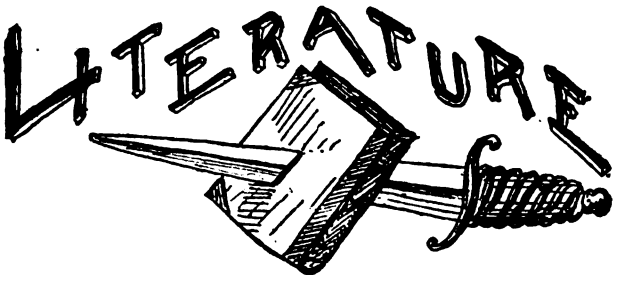

Diseases of the Eye. A Hand-Book of Ophthalmic Practice for Students and Practitioners. By G. E. DE SCHWEINITZ, M.D. Large octavo, pp. 641. With Two Hundred and Sixteen Illustrations and Two Chromo-Lithographic Plates. [Philadelphia: W. B. Saunders. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Price, cloth, $4.00; sheep, $5.00.

The name of the author of this work is one well-known to readers of ophthalmological literature. He has encompassed a wide field in his work and he has been directed to a great extent in this matter by his experience as an instructor as well as his knowledge of the requirements of those who desire to enter the field he so ably represents. The general plan of the book, we have before us, is practical and the directions given for recording and examining cases of ocular disease are very full and systematic. A valuable chapter is that devoted to ophthalmology, wherein the student is instructed in the two methods employed, as well as cautioned against the errors which might lead him to falsely interpret the findings made.

Diagnosis is taught by the analytical method, to a great extent. Each important general disease is preceded by a symptom-grouping. Then follow the special symptoms of the various types, thus avoiding the confusion and intricacy otherwise attending a too complicated description of each particular type. The indications for treatment, both medical and surgical are carefully pointed out, together with explicit directions for preparing a patient, the dressings, instruments, etc.

A feature of this work is the large number of original illustrations. While many of the pictures we find are old friends, they have been carefully selected, and the new ones are all good. While it is to be regretted that but two chromo-lithographs are given, the limitations of the work probably did not admit of more being introduced. Besides, the atlases already published, which are of a high order of excellence, are all sufficient for the purpose.

The purely optical portion of the book is the work of Dr. James Wallace. This is a very full and intelligible part dealing with accommodation, refraction, the adjustment of spectacles, reflection, astigmatism, and all those subjects more closely allied to the purely optical part of the eye in health and disease.

Retinoscopy has been written by Dr. Edward Jackson who is an acknowledged master of the subject. He illustrates by examples and original drawings this method of determining refractive errors. This difficult subject is rendered more easily understood by examples and original drawings.

Taken as a whole, de Schweinitz's work may be looked upon as a good, safe, reliable guide for an introductory study of the more intricate problems of ophthalmology. To him who intends becoming an oculist we could hardly recommend a better guide. To those who should be familiar with the principles of this branch of medicine—and who is there who should not—we can most heartily commend it, not as an ornament for their bookshelves, but as a valuable guide in general practice.

Treatment of Pneumonia.—Dr. J. W. Wade writes to the *Times and Register*: Having become so familiar with the violent initiatory symptoms of that scourge of the world, la grippe, I naturally look ahead to the probable development of pneumonic complications, and the very first treatment suggested is prophylactic.

To clean out the stomach and bowels a smart vegetable cathartic is given, and sometimes repeated. In many cases heart sedatives during the congestive stage, in small and frequent doses. At the first bed hour or sooner, ten grains of Dover's and ten grains of composition powder, in hot sweetened water, will go far toward aborting the disease. The pill containing acetanilide, quinine and cocaine has proved a most valuable combination in the first stage.

Throughout the whole course of pneumonia, after it has fully developed, I give the following:

℞	Tr. digitalis,	ʒiij.
	Vin. volchici sem.,	ʒiij.
	Potassii carb. purif.,	gr.xv.
	Morphinæ sulphat.,	gr.ij.
	Syr. senegæ,	ʒjss.
	Mist. glycyrrh. comp., q. s. ad	ʒiv.

M.

Sig. As indicated.

For the local treatment the nurse is directed to prepare a plaster or poultice, as follows:

℞	Capsicum pulv.,	ss. c.p.
	Mustard grs.,	1 c.p.
	Flaxseed grs.,	1 c.m.
	Glycerine and water (hot),	q. s.

M.

To be applied alternately to the chest walls and between the shoulder blades, as hot as can be borne. A piece of gauze should be applied next the skin. The glycerine will prevent the poultice from becoming hard, keep it warm, and prevent blistering. A poultice should never be cooked or boiled over a fire.

Whisky should never be used in pneumonia.

Wine of beef and iron will do for children, while the bitter wine of iron will give tone and appetite to adults during convalescence.

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The Omaha Clinic is going to have a microscopical department shortly.

Prof. Germain See has resigned as managing editor of *La Medecine Moderne*, his successor being Dr. Chas. Talamon.

The Nebraska State Medical Society has changed the date of its regular meeting back to the original date of May 10–12.

The Measles Bacillus.—It is reported by cable that Dr. Canon of the Moabit Hospital in Berlin, has demonstrated a specific bacillus of measles.

Fasting for Sixty Days.—A man, ninety-four years of age, recently died in an Indiana town of voluntary starvation. For over eight weeks he is reported to have tasted neither food nor stimulant.

The Illinois State Medical Society will hold its forty-second annual meeting at Vandalia, May 17–19, 1892, at G. A. R. Hall. Delegates to the American Medical Association will be appointed at this meeting.

The Warsaw University Medical Society, at its annual meeting elected Prof. M. D. Tschaussow, President; Prof. M. J. Schalfejew, Vice-President; Dr. A. A. Lagodowski, Secretary; and Dr. L. J. Rklizki, Treasurer.

Suicide Under Puerperal Mania.—A young married lady, who was sent to New York from Charleston, S. C., to be confined, on account of special difficulties in her case, recently threw herself from a window on the third floor of a private hospital while suffering from puerperal mania, and was instantly killed by fract uring her skull.

We Copy from Clay Center, Neb., County *Journal*, in the case of one Conaway, one of the Omaha gang whom the State Board of Health have refused license to practice medicine and who, for some reason only known to himself, is still expending his time and money in this State (*Omaha Clinic*). Conway brought suit in this county court against Dr. Beghtol of the Board of Health for libel. "The Court put on the finishing touch when he discharged the accused and intimated that the others ought to be punished for bringing such a case into court. To which all the people will say amen."

The West Indies at the Pan-American Congress.—Dr. Wm. F. Hutchinson has arrived from the West Indies, where for the past two months he has been exciting interest among medical men in the Pan-American Congress, to be held in Washington in September next year. He visited St. Thomas, Santa Cruz, St. Martins, St. Kitts, Antigua, Trinidad and Jamaica, and in every place he was assured that the West Indies could be well represented at the gathering.

Not Six at a Birth.—A telegram to the *Times*, not long since, conveyed the startling information that a Mrs. C. K. Smith, near Holly Springs, Miss., had given birth to six healthy boys, weighing in the aggregate forty-five pounds. Dr. Crampton, of New York, wrote to the postmaster, of Holly Springs (*Med. Rec.*) to inquire as to the correctness of this item, and received answer that there was no such woman there as Mrs. C. K. Smith, and that no such occurrence had taken place. Probably of equal truth is the still taller story cabled here from the United States of Colombia concerning a French woman living there who had given birth to septuplets.

Medicine in Wisconsin.—To show medicine as she is practiced in Wisconsin one of our correspondents (*N. A. Pract.*) sends us the following from a Fond du Lac daily paper:

A WRONG IMPRESSION.

To correct any misunderstanding about the death of Mrs. D. W. Wood, it should be stated that she for one week was laboring with an erysipelas trouble of the face, with severe prostration, but the immediate cause of death was paresis, or heart failure. There has been no malignant form of diphtheria in the family, but a simple sore throat known as follicular sore throat.

——M.D.

The funeral of Mrs. Wood will be held at 2 P.M., Sunday at the house, under the auspices of the W. R. C., the Rev. W. H. Thompson officiating. All members of the W. R. C. are requested to attend.

Sporting Accident Rooms.—"Accidents" are such frequent accompaniments of modern "sports," that the example afforded at Sandown Park may perhaps come to be regarded as an ominous but necessary type of the accessory fittings for football grounds, race-courses, and athletics generally. An accident room has, we read, been provided, which is "a credit to the executive." Doctors are available "in cases of disablement." "Quite a comfortable place" the accident room is said to be, "with its clean beds and operating chair." At race-time everything is made ready for the doctors. Quite an Egyptian feast these sports seem to be; and a successor to Mr. Edward Long may find modern inspiration for a picture up to date such as his celebrated antique piece of old-world folk lore.

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The Arkansas County Medical Association has been recently organized.

The International Hydrological Congress, ıed to meet in Rrome this year, has by arrangement : its organising committee, been postponed till Sep- ımber, 1893, when the great International Congress of ledicine and Surgery will he held.

It has been Decided that the next Congress of ood Analysts shall take place in Vienna in 1894. A ımmittee has been appointed to take steps for the ɛparation of a "A Codex Alimentarius," in accordance ith a resolution passed at the previous meeting of the ongress in 1891.

A Pair of Twins with different birthdays—such the condition of affairs in the McCoicard family of 8 North street, Chester, Penn. The first twin, a boy, as born a few minutes before midnight, and the other, girl, delayed her appearance until some time after the ıdnight chimes had rung.

An Overdose of Gold.—In December last, a rench soldier met with death by gold instead of lead *Jour. Am. Med. Asso.*). Having been accused of the ieft of a sum of money, he followed the course, not ıknown to the Orient, of secreting the cash in his omach. He swallowed the money, and by so doing as acquitted by the judge, because there was no tangi- le or exterior evidence of guilt. He was set free, but isease presently arrested him; he became the subject : an acute attack of indigestion, due to the ingested)ld. This attack subsequently resulted in death. An ɪtopsy was performed and there were found in his)mach twenty-one gold coins, of a value of eighty- e dollars to some former owner. The lethal dose of ld has not been recorded hitherto in the text-books toxicology, but it can in the future be stated that the antity above mentioned "has been followed by fatal ıult."

A Clergyman's Advice.—In one of the aristo- ıtic suburbs a little child of a prominent family was ten ill with typhoid fever, says the *Cin. Enquirer.* physician of repute and standing was called in, and a day the clergyman of the church of which both the ysician and father of the child were members met father and said:

'I hear your child is sick?"

'Yes, sir," replied the father.

'And who is the physician?"

'Dr. So and So," replied the father.

'Well," responded the clergyman, "given a case of hoid fever and a regular physician, and you'll have ıneral. I have nothing personal against the physi- n. He is a member of my church in good standing." The father was heart-broken for a time, but he stuck his doctor, and the child got well. So much for gymen interfering with medical forms of practice.

Lately the minds of German pharmacists have been greatly exercised by attempts on the part of the Social Democratic party to bring about some changes in the question of privileges, whereby the Reichstag was to make pharmacies institutions of the government, and the chemists themselves appointed officers.

Parturition in a Fence-Corner.—A Russian woman with a peddler's pack on her back was found in a fence-corner near the residence of Mr. James Ferguson, eight miles north of Vincennes, Ind. She had just given birth to a baby when discovered by Mr. Ferguson, who took the woman to his home and kindly cared for her and her child. Several hours after becoming a mother, the woman, who could speak no English, insisted on walking to the city with her babe in her arms. Mr. Ferguson brought her to town in a carriage, and with the assistance of the police succeeded in finding her husband.

Venereal Disease in the Italian Army.—In 1888 Signor Crispi considered it advisable to abolish the enactments of that time in force for the regulation of prostitution. This step appears to have been quickly followed by a large increase in the prevalence of venereal disease both in the army and in the civil population, and the evil became sufficiently serious in Signor Nicotera's opinion to justify him in reversing the policy of his predecessor in this respect. By a decree dated October 25, 1891, the greater part of Signor Crispi's enactments, putting an end to the official registration of prostitutes and to their compulsory examination and detention in hospital for treatment, etc., have been rescinded.

Opium Addiction.—This seems to be on the increase in this country. According to Dr. T. D. Crothers beyond all question, the toxic use of opium and its alkaloids is rapidly increasing. Only about fifty per cent of opium and morphine manufactured is required by the legitimate demands of medicine and pharmacy. The enormous balance is consumed in some unknown way. Comparative estimates make the number of opium cases in this country over a hundred thousand. Whether this is correct or not, it is evident that the number is very great and largely concealed, and many of them are very hopeless and difficult to treat. The natural history of such cases indicates a steady, progressive degeneration on to death. Recovery is rarely spontaneous, and without the aid of applied science. Up to the present time all clinical studies have been confined to the symptoms and treatment, starting from some indefinite point after the opium addiction begins. The old superstition of a moral origin, and of some willful, wicked impulse, is accepted as the first original cause. Writers and even specialists seldom go back into the early etiology, or inquire what conditions or forces led to the first use of opium.

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In Corea, Influenza has prevailed ever since last January, and attacked the natives as well as foreigners, but more deaths occurred among the former than the latter.

A Physician named A. Ohsuka was murdered on the 12th of March at Ohura in the prefecture of Kanagawa, Japan. It is supposed that the cause was due to political excitement.

The Newspapers are now cautioning the public against cheap and impure soaps, citing recent cases where a low grade of castile soap has caused the outbreak of a loathsome skin disease.

Aichi Medical School at Nagoya, Japan, will admit seventy students. The candidates should have applied before April 30th. The entrance examination will be held on May 9th from 7 a. m.

Lady's Charity Association of Yokohama has been planning to establish a charity hospital for which a fine building was completed last month; the opening excercises were conducted on March 19.

Incontinence of urine is commonly treated by the internal administration of roasted mice in certain parts of England, among the poorer classes. In Hampshire it is the regular and recognized mode of overcoming this difficulty among young girls.

In Tokyo as well as other places such as in prefectures of Yamagata, Aichi, Niigata, Shizu-oka, and Ishikawa, small-pox has prevailed as we stated in a previous number. It is reported that up to February 23 the whole number of small-pox patients in the Japanese Empire was 7439 of which 1551 patients died.

Dr. A. M. Chord of Logansport, Ind., who was some time since assaulted by a highwayman, April 17, died from the injuries inflicted. The murderer is Elmer Willard, 23 years old. He was employed as a farm hand in this community. After attacking Chord, Willard stole a hand-car from the Eel River Railroad Company and escaped to Adamsboro, where he resided.

New Hospital for Richmond.—As a matter of general medical interest, and one which intimately concerns the public also, is, that there is now on foot a movement in Richmond for the establishment of a free city hospital. We doubt if there is a city in the whole United States of 80,000 inhabitants so poorly provided with accommodations for the free admission of patients for internal and surgical diseases as Richmond. The plan proposed is to get at least one hundred persons to contribute one hundred dollars each (more, if possible), for the purchase and equipment of a suitable house. The Sheltering Arms Hospital, which is a chartered institution, will be used as a nucleus of the new organization.

Warren Insane Asylum, in Pennsylvania, is said to be conducted in an improper manner. Complaints now in the hands of Governor Pattison and the State Board of Lunacy cite "the most brutal outrages on the part of those in charge of the insane patients." The charges are sworn to by sufferers and spectators.

New U. S. Coins.—It may be useful to our readers to recall the fact that the U. S. fractional silver currency bears a simple relation to the metric system, which relation has been made designedly and by law.

The half dollar is equal to -	12½ Gm.
The quarter dollar is equal to -	6¼ "
The dime is equal to - -	2½ "
84 half dollars are equal to -	1 kilo.

M. W. Smith, alias Jameson, the negro cancer doctor who shot and killed Charles Aaron near Cliota April 19, and who in turn was shot in the hand and hip in the chase, was able to be taken to the Police Court the following morning. He waived examination and was held without bail. The prisoner telegraphed his father at Nashville, Tenn., asking him to come at once; that he had met with an accident, and if he wanted to see him alive he had better come. Jameson's wounds will not prove fatal, as he well knows, but he may be contemplating suicde.

The Tragedy that lies in the following paragraph (*Nat. Drug.*) is heart-rending to one who reflects on it but a moment: "Some thefts having recently occurred at the pharmacy of the Hotel Dieu Hospital, Lyons, one of the employes named Kohler was dismissed, under suspicion, about three weeks ago. He earnestly protested his innocence, and declared that, if dismissed, he should not survive his unjust disgrace. He kept his word. He failed to show himself at his usual hour the next morning, and he and his wife were subsequently found dead in their room. Three charcoal braziers were burning round the bed, and letters on the table explained his reasons for his fatal act." If the real culprit has a spark of conscience left, he will follow the example of poor Kohler and his wife.

Law is a queer affair in all countries, and especially in England, says the *Times and Register*, as the following instance will show: A woman traveling alone, locked in a compartment of a railway car, was seized with the pains of parturition. The child's arm protruding, she broke and cut it off. Her child was delivered finally by turning, when it was found to be almost bloodless from hemorrhage. As the child was yet unborn, it was, *de jure*, a part of the mother, and her act was self-mutilation; whereas had the amputation occurred after the child's birth, the mother would have been guilty of murder. And if a doctor had amputated the arm while the child was still unborn, it would have been murder, although the child was legally a part of the mother, who was not murdered at all!

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The Texas Sanitarian is making serious charges of pillaging against the *North-western Medical Journal*. The *Sanitarian* dislikes to see its editorial matter paraded as original by the other journal—*hinc illæ lachrymæ*.

Dr. W.W. Watkins, of Moscow, Idaho, formerly a practitioner in St. Louis, has not only achieved a success professionally in his new home; but he is being spoken of as the Republican candidate for Governor in his State. Should he secure the nomination he is almost certain of being elected.

A Law has recently passed the Senate creating new titles for army medical officers: Officers of the medical corps holding the rank of colonel will hereafter be designated as assistant surgeon-generals, and those holding the rank of lieutenant.colonel will hereafter be known as deputy surgeon-generals. Titles similar to these exist in the British army medical corps.

Immunity.—It is expected that the question of immunity will occupy the place of honor in the proceedings of the forthcoming Congress of Internal Medicine at Leipzig. Addresses on the subject have been promised by Drs. Emmerich, Buchner, F. and G. Klemperer, and Wassermann, and most of the leading representatives of the younger school of German pathologists will, it is hoped, take part in the discussion.

Snake Swallower Dead.—John Longwell of Wellsboro, Pa., the man who vomited three snakes, is dead. A year or two ago he was very ill and one day vomited two snakes. A short time since he was again taken ill and vomited a small green snake several inches long. Mr. Longwell was supposed to have swallowed snake eggs while drinking at a spring. His body will probably be exhumed and the stomach examined.

Dr. J. H. Hill, of Millington, Md., received a professional call to Massey Cross-Roads at a late hour Saturday night April 28. The next morning his wife found his team at the stable with her husband's body jammed between the shafts and front axle, and his throat cut from ear to ear. Tracks showed that the vehicle had been intercepted between Millington and Massey and turned homeward. Nothing is known of the murderers.

Exit Prof. Amick.—Dr. W. R. Amick, "Prof. of Ophthalmology and Otology" in Cincinnati Medical College, in consequence of his having gone bodily over to the quacks by the publication in the *Lancet-Clinic* of his "Chemical Cure for Consumption," with a list of certificates a la almanac, has by the trustees of the College been requested to resign. Dr. Chas. N. Dodd has been appointed in his stead. It is thought the Cincinnati Medical Society will expel him. The publication referred to was slipped in on the *Lancet-Clinic* unawares, at least, so we are informed by a reliable exchange.

The British Gynecological Society will be represented by Robert Barnes, Granville Bantock, A. S. Simpon and Lawson Tait at the International Congress of Gynecology and Obstetrics to be held at Brussels, Belgium, Sept. 14, next.

Dr. G. H. Horn, of Van Buren County, Ark., was killed not long since by Wm. Hatley. An old feud has been existing for several years between the Horns and the Hatleys and they have had several shooting scrapes and two or three men have been killed. Hatley, however, gave himself up, claiming that the killing was in self-defense.

The Southeast Texas Medical Association is to be revived. At a meeting recently held for that purpose the following officers were elected: President, Dr. A. N. Perkins; First Vice-President, Dr. C. Y. Thompson; Second Vice-President, Dr. S. W. Sholars; Secretary and Treasurer, Dr. F. Hadra. The constitution and by-laws of the old Southeast Texas Medical Society were read and adopted, with the exception of fee bills, which were eliminated. Beaumont was made the permanent meeting place of the society, and the second Tuesdays of January, April, July and October the time of meeting.

The Drevet Manufacturing Co., of 28 Prince street, New York, states that to avoid failure or doubtful success in peroxide of hydrogen, be sure to get Marchand's Medicinal. There is great inducement to substitute in this article, for the reason that peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what Marchand's Medicinal costs, and the unscrupulous druggist or dealer pockets the difference in profit. Marchand's Peroxide of Hydrogen Medicinal is put up in 4oz., 8oz. and 16oz. bottles only, with which every careful physician should be familiar to ensure success in practice.

Fine Diagnosis.—Dr. Lauder Brunton in a recent address laid great emphasis on the necessity of care in diagnosis and gave some amusing instances of errors in this important part of a physician's work, due to too hastily formed opinions. In one case he was among a class of students around a man suffering from heart disease, when it was noticed that the pupil of one eye was much more dilated than the other. At once numerous more or less learned suggestions were made to account for the mydriasis. Eventually the man informed them that the eye over which there had been so much animated debate was a glass one. Another instance related to a learned professor who used to boast that he could tell much concerning the medical history of his patients by their teeth. When holding forth on his favorite theory one day he was considerably disconcerted by the patient taking out the complete set of masticators, and saying: "Perhaps the gentleman would like to look at them closer."

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Two New Medical Journals devoted to "Clinics" are promised Chicago during the coming year.

A Bill is to be introduced in the California Legislature providing for a tax on bachelors, similar to the one under consideration in Georgia.

Physicians in Japan are not as numerous in proportion to the population as they are in this country. M. Proust has published statistics by which it would appear that there exist 38,620 physicians of whom 29,105 do not possess a diploma of any kind.

Precocious Maternity.—Not long since a man was tried before the assizes of the Seine, France. He was accused of having seduced a girl of 12, but was acquitted of the charge. A short time after the girl gave birth to a child.

Berry who for some time has been well known in England as the public executioner, has resigned his position on account of the issuing of an order authorizing medical officers of prisons to regulate the length of rope required at executions. Berry has hanged two hundred criminals during the time in which he held office. He has invented a few devices connected with the scaffold. He will go on a lecture tour, and write a book.

Dr. Henry F. Hoyt, Health Commissioner of the City of St. Paul, will not have to pay James McClellan $25,000 for alienating the affections of Mrs. Lizzie McClellan, the beautiful wife of the latter. After a sensational trial lasting eight days, the case was given to the jury by Judge Otis, and on the first ballot eleven were for acquittal and one for nominal damages. The next vote was unanimous for acquittal.

S. J. Odell, a leading restaurateur, who has been taking a liquor cure at the Bedal Institute, of Lincoln, Neb., was recently reported dying. Odell took his regular "shot" and demanding some whisky was given a small bottle. Shortly after taking it he was thrown into spasms which have continued with slight intermissions. The physicians believe the whisky was drugged with the "cure" medicine, some claiming it contained strychnine.

The Keeley Gold Cure, it is claimed, is responsible for the death of Edward Ruff. He died without medical attendance at St. Louis. At that time his identity was not known, but from a memorandum book found it was supposed his name was Ruff. His identification as that individual was completed by Mrs. Dr. Geo. W. Bock. He was her cousin, and his age she gave 33. He was single but had an uncle who resides in Quincy and who will bury the remains. Ruff drank heavily, and to cure the habit underwent the bichloride of gold treatment. An inquest will be held.

Caterpillars as a Cause of Urticaria.—Laudon, in *Virchow's Archiv*, has described an epidemic of urticaria at Rahlberg, which coincided with the appearance of caterpillars on the walls of dwellings. The cause of the urticaria is not only in the formic acid, but more particularly in the hairs of the back of the caterpillars.

Professor von Kœlliker celebrated the fiftieth anniversary of his graduation as Doctor of Medicine March 26, last. The illustrious histologist and embryologist, who was born at Zurich July 6, 1817, began the study of medicine in the University of his native city in 1836, migrating afterward successfully to Bonn and to Berlin, where he worked under Friedrich Arnold, Johannes Mueller, and Jacob Henle. After taking his degree at Heidelberg, he was appointed Extraordinary Professor at Wuerzburg, in 1845, being promoted to the Ordinary Professorship two years later. There he has remained ever since.

Female Drunkards.—It is stated that Swansea contains more women of confirmed drunken habits than any town of similar size in the United Kingdom. In Cardiff and other Welsh towns the proportion of drunken women is also very large. This is, it is believed, in a great measure the result of the Sunday Closing Act in the Principality. Being unable to visit public houses on Sundays, as in old times, Welshmen get in a supply of drink on Saturday night and consume it in the family circle on the Sunday. The consequence is that the wives and children too often become lovers of drink. Sunday closing of public houses is excellent in theory, but there is another side to the picture, and it is feared that in Wales the closing of public houses on Sundays has been anything but an unmixed blessing to the people at large.

A Surgical Record.—The Museum of the Royal College of Surgeons will shortly be enriched with a singular, interesting, and extensive series of preparations constituting what is, we imagine, a unique record in this department of surgery. Sir Henry Thompson completed last week his thousandth case of operation for removing calculus of the bladder and foreign bodies therefrom—994 of the former and 6 of the latter. Every specimen has its history and the names of the persons, usually the medical man, interested in the case; the whole arranged on various tables so as to give an exact statement in tabular form grounded on the records taken in every case at the time in clinical books now in possession of their author. The only comparable record is that of Civiale, but his collection was not classified or accompanied by clinical records or notes of the cases.

Now is the time to subscribe for the **Weekly Medical Review.**

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Chancroids.—We find this in the *Med. and Surg. Reporter*:

℞ Ferri et potass. tart., - - - ℥ij.
Aq. dest., - - - - - ℥iv.
M.
Sig. Apply as wash.

Suppository for Dysmenorrhea.—Farlow recommends the following:

℞ Ext. cannabis indic.,
Ext. belladonnæ, - - aa gr. ¼.
Butyr. cacao., - - - ℥jss,
M. ft. supposit. No. j.
Sig. Insert high up in vagina.

Hysteria.—Dr. W. H. Thomson recommends (*Med. Rec.*):

℞ Ol. terebinth.,
Ol. ricini., - - - - aa ℥ss.
M.
Sig. In the morning once a week. Or the following:

℞ Pulv. assafetidæ, - - - ℥ij.
Pulv. myrrhæ, - - - - ℥j.
Sodii salicylat., - - - ℥j.
M. Ft. capsules No. xxx.
Sig. One two hours after eating, and before retiring.

℞ Kal. brom., - - - - ℥vj.
Spts. frumenti, - - - ℥viij.
Elix. ammonii valerian., - - ℥xij.
M.
Sig. Take tablespoonful with the above capsules. If bowels continue constipated use colocynth ext. co.

Pruritus Ani.—An ointment containing the following is recommended by Whitla (*Med. News*):

℞ Creasote or carbolic acid, - - ℥j.
Lard, - - - - - - ℥ij.
Camphor, - - - - - - ℥j.
M.
Applied topically, is a safe and often effectual remedy for the relief of pruritus ani.

Dr. Joseph M. Matthews has obtained excellent results from (*Med. Bul.*):

℞ Benz. oxide zinc oint.,
Campho-phenique, - - aa ℥ss.
M.
Apply as often as necessary.
The campho-phenique may likewise be used pure, without detriment to skin or mucous membrane.

Death loves a shining mark, but bald headed men seem to live a long time all the same.

Asafetida may not cure grip, but a lump of it carried in the vest pocket will scare off small pox.

Three scruples make a drachm, but most of the boys take the dram first and let the scruples come in at the second table.

Key to Doctor's Directions.—For external use only—Trousers. To be taken in water—A bath. Shake before using—A dusty coat. A spoonful—A drunken lover.

Teacher of Physiology.—"What ingredient which is highly essential in the composition of the human body does sugar possess?"
Pupils (in one voice).—"Sand."

"What is the matter with Boreman?"
"Nervous prostration, I believe."
"You don't mean it! How did it happen?"
"Why, he was in company the other night and tried to make himself agreeable."

There is a young man at Lake Helen, Fla., who has been undergoing a siege of boils. One day he remarked with a sigh: "There is only one good place for a boil." "And where is that?" was asked with breathless interest. "On somebody else," he said.

"Eureka!" cried the young doctor.
"Why, what's the matter, my dear?" asked his wife.
"My fortune is made. If Pasteur and Koch can cure consumption and hydrophobia, why can't I take some Jackass virus and down asininity?"

Gertie.—"Doctor, if I had died before you set my arm, would I have always been a crippled angel?"
Physician.—"Oh, no, my dear, you would have been cured in heaven."
Gertie.—"Then doctors do go to heaven, do they?"

Off Ice.—Mr. Hayseed had come to the city to see the sights. Among the many things that attracted his notice, was a doctor's sign, which read:
Dr. Jones office. Between 9 and 12.
"Well I swow to gosh," ejaculated he. "So they keeps doctors on ice in this village, and lets em off only between 9 and 12. Won't that make Manda's eyes stick out, when I tell her on it!"

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Sure to Pass.—One week before examination.—First Medical Student.—"How did you get along at the last quiz, Augustus?"

Second Ditto.—Splendidly. I held four aces and pulled in everything. What are you grinding at now?"

First Ditto.—"Chesterfield, and 'How to Dance Gracefully; or, Every Man His Own Partner.'"

A Bracer.—A man who had tarried long at the shrine of John Barleycorn dropped into an uptown pharmacy the other day, when the apprentice happened to be alone, and asked for a "bracer." The apprentice sold him a three-dollar shoulder brace, and eight-dollar abdominal supporter, and a dollar-and-a half suspensory bandage, and the customer left contented. The proprietor has decided such a boy is too valuable to remain longer an apprentice, and has made him chief clerk.

Why Not?—Scene: Drug Store, Christmas Eve.—Customer.—"Gi'me a quart of your best whisky; here's your prescription."

Clerk.—"There you are sir. Anything else?"

Customer.—"Yes. I want an ounce of 'gold cure.'"

Clerk.—"I do not understand."

Customer.—"Why, this new cure for drunkenness, this stuff that pulls a jag up as suddenly as a cow-boy stops a Texas steer with a lariat. You see I've struck a snap. I'm going to inaugurate a howling spree with this whisky. Going to keep so full I won't know where I live till New Year's; then I'm going to swear off, take 'gold cure,' and keep sober for a year. No enterprising American citizen is safe now without a bottle of 'gold cure' in his pocket. I understand the leading distillers are going to put up a small vial of 'gold cure' with each quart of whisky, and thus greatly increase their sales. The jag and the bracer for the same price! Haven't got the 'gold cure'? Sorry."

Popular Anatomy.—"My dear little friends," said the noted lecturer upon anatomy to the pupils of a puplic school, as he unveiled the skeleton of a departed genus homo and unfurled a chart upon which was printed the symmetrical form of a human being dressed after the fashion of a modern ballet dancer. "Perhaps you don't know it but there are two passages that go from the back of the mouth to the stomach. One is called the esophagus, and the other the esophagi. Now, the solid victuals goes down the esophagus, and the liquids down the esophagi."

"Over the top of the holes is a cover with a hinge in the middle, and when you swallow beefsteak the little door over the esophagus flies open, and the little door over the esophagi flies down, and vica versa when you take a drink of coffee." This description proved too much for a little fellow who stood at the head of the class. Shaking with laughter, he remarked in a loud tone: "Golly, boys, but those doors must go flipper flopper when a fellow eats bread and milk!"

India now has 17,207 miles of railways, 975 miles having been added in 1891. During that year gross earnings increased 16 per cent and net earnings 22½ per cent, and the net earnings on all lines aggregated 5¾ per cent on the total capital which is a much better showing than the railways of the United States are making.

How Brakeman are to Show Their Breeding.—The Buffalo *Courier* is responsible for the statement that the managers of the Grand Trunk railroad have recently issued an order that is causing amusement among the employes. It states that brakemen shall not smoke on duty, nor enjoy the weed if off duty and on the station platform wearing their uniform. They shall remove their hats while passing through dining or official cars. The last clause is made all the more pressing by the insertion in parenthesis of the words, "This shows good breeding."

Tuberculosis in Railway Cars.—Mr. Edward M. Baggs says in the *Railway Age* that it would seem that many a physician sins against the public by advising or permitting a consumptive patient to leave his home and undertake a long journey in search of health, when to the physician it is perfectly plain that his case is hopeless, and that the benefit—if any there be—can be of but a few days' or weeks' duration, and in many cases the fatigue of the journey hastens the end. Physicians should at least explain to their tuberculous patients the danger to others from their careless expectorations upon cars and hotel floors, pavements and other public places, and should urge that as a duty they owe the public they should use due care in disposing of their sputa.

Automatic Couplers.—Senator Allison of Iowa introduced in the United States senate a bill to compel the railroads to equip their cars with automatic couplers within a certain time. The bill makes it unlawful for any railroad to use cars not so equipped and imposes fines for violations of the act. It further provides that the standard coupler shall be decided by a letter ballot of all the railroads sent to the interstate commerce commission by July 1 next, who shall decide the ballot and the validity of the votes. The votes shall be based upon the number of freight cars owned by each line, and the type of coupler receiving 60% or more of the entire vote shall be the standard type of coupler. If the roads fail to establish a standard type then the type shall be that known as the master car builders' type.

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MEDICAL REVIEW.

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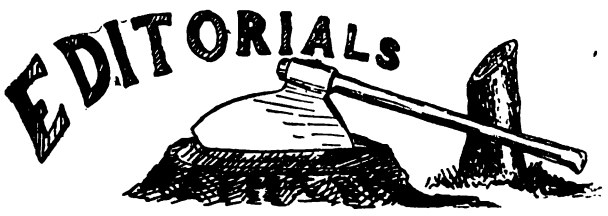

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Newspaper Medicine.

We have always had the highest respect for and esteem of the fourth estate. There is no doubt whatever, in our opinion, that the modern newspaper has been one of the most potent factors in the development of the progress of the Nineteenth Century. It has been a most powerful agent in the elevation of the race in an intellectual point of view, and it has contributed in no small amount to the general welfare and happiness of humanity. It has had a powerful influence in moulding public opinion, and has elevated the political status of the masses, rendering all peoples more democratic in their views. The press is a leveller and, at the same time, an educator. Political and social slavery have been practically abolished by it, and the beneficent effects wrought by it are but imperfectly appreciated at present. We could no more do without the newspaper nowadays than we could do without any one of the thousand and one conveniences which did not exist at the beginning of the century.

So far as we have spoken the newspaper is ably fulfilling its mission and no efforts are spared to perfect this laudable object. Everything is being done to render this more perfect every day, and one cannot but admire the enterprise, ingenuity and liberality displayed to attain this end. As a popular educator it has become a pronounced success, and as a promulgator of interesting scientific facts it serves a good purpose and deserves the well-merited praise it receives; but, as a medical instructor we most decidedlv object to it. Our objections are not the result of prejudice nor are they ill-founded as our readers will find by reading further on. The great objection to be made in the first place is that proper discrimination is not used in the choice of the matter; secondly, those who contribute the matter are not competent; third, those who read are still more incompetent to judge; fourth, an injustice is done to those who do not merit it; fifth, undue prominence is given to those undeserving of it; sixth, false impressions are created in the minds of the laity.

Without desiring to be at all severe it will occur to any person of reason that the most intricate problems connected with medicine are not to be disposed of in a short cursory article which is, of a necessity, dogmatic in character. When we consider still further that the writer of such is one not trained to scientific questions in general and, particularly weak in the more simple facts connected with medicine, it is easily understood that the matter furnished, under such circumstances cannot be of the best kind nor of the most reliable. Without an idea of misrepresentation, the average newspaper writer, unconsciously makes the wish father to the thought and thereby works an injury which, although untinged with malice may be far-reaching in the harm produced. Were those writers to confine themselves to subjects which have been established upon a firm foundation, and were they to give these facts in an interesting manner they would enlist a much larger share of their readers' attention.

The tendency of modern journalism, in this country more particularly, is toward sensationalism. A cold, calm presentation of facts is too tame. There must be a certain amount of excitement produced and, as a result of this desire (very often demanded), it is necessary to furnish material of this character. In many instances, it is not of such a nature that we would recommend it for perusal to our daughters or wives. It is this which has brought a certain portion of newspaper

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medical articles into disrepute. If this be not the case facts are often distorted into fanciful shapes such as will more easily pander to the greed for "sensations."

One of the worst forms with which we are acquainted is the publication of fabrications, pure and simple. For instance, we were regaled not long since with an account of a woman having borne sextuplets, all boys and all living. An inquiry into the matter led to the fact that not only did no such event occur, but that no such person as the woman existed. Any one, at first blush, would have looked upon the account as true in view of the circumstance that the name and locality were given. We might multiply such instances but this is unnecessary. It only leads us to look upon all such accounts with a certain degree of suspicion.

When accounts are accurately given, and they frequently are, the work of some one else is clearly discernible. But then the reader is all at sea. Technical terms ara employed, which are simple to the physician, but "Greek" to the average readers of newspapers. They are dissatisfied and imagine that this is done to mystify them; and, on the whole, it is unsatisfactory. Physicians are but little interested in such accounts as they have abundant opportunity of seeing the same matter in better shape and arranged in a much more satisfactory form. Under these circumstances we can understand to what straits the newspaper is driven. This is well exemplified in some recent announcements which were very misleading, to say the least. As an example we may cite Koch's tuberculin injections. Of course, the news was immediately cabled to this country; but the newspaper correspondents were not satisfied with the facts. The accounts not only bordered on the marvelous but even touched the miraculous Claims were attributed to Koch which he never dreamed of, and in this way a great injustice was done to an honest and painstaking investigator. The same thing occurred in reference to Brown-Sequard. If these gentlemen were after fame, they got it, and accompanied by a certain amount of notoriety which must have been distasteful to them, to say the least. These false impressions which are made upon the public cannot fail to produce more or less harm and tend to heap a certain amount of obloquy upon the innocent cause. In no manner could the old saying that "a little knowledge is a dangerous thing" be better exemplified. Physicians in general had life made a burden to them by the interminable questions propounded to them by patients who had read these marvellous newspaper accounts; and, when the revulsion occurred, the high hopes which had been entertained were rudely shattered by the cold, relentless, and merciless hand of fact.

There is still another phase of newspaper medicine which is misleading and which not only injures the capable and honest members of the profession, by implication, but raises others less scrupulous and more careless of decency into unmerited prominence. We refer to the publication of "extraordinary" cases and operations which occur in the practices of certain physicians. They are, for the most part, very ordinary—what the French denominate *banal*—but are dressed up in such a garb and commented upon in such terms as to lead the vast majority of readers to suppose that an extra order of skill and intelligence was employed to secure the success which is always obtained. To proffer the lame excuse that the principal was unaware of the intended publication is something that no intelligent physician will believe. The flimsy pretence that he was betrayed by an assistant has been worn threadbare. Those who have had access to the editorial rooms of a newspaper, who have seen the inner workings of the machine, cannot be so easily hoodwinked. Those who are capable of gauging an article upon its own merits, can see by the internal evidence offered, that the "celebrated" individual whose praises are sung was not inactive in securing the result attained, so far as gaining notoriety is concerned.

We will not consider the element of quackery which is contained in this mode of procedure. "Good wine needs no bush," nor does a man eminent in his profession require such factitious aids to "boost" him into the good graces of the public. Those who have tried this method to its fullest extent have quit. They have found that the public, whose practice they desire, is not so easily gulled. The vast majority of patients first consult their family physician as to the qualifications of these meteors which have suddenly flashed upon their vision. The physicians so consulted do not hesitate to explain the true state of affairs and the final result is scarcely the one hoped for and expected.

In our opinion the true function of the newspaper as a disseminator of medical knowledge is to be truthful and useful. Hygienic questions are not only of interest, but of the greatest benefit. Were newspapers to devote their available space to a clear and simple discussion of hygienic laws and their daily application the public in general would receive such instruction as would make communities less liable to disease and to epidemics, and thus exert a beneficial influence which would raise them in the estimation of all classes.

Physicians for Coroners is the demand made by the North Carolina *Medical Journal*, which states that in Massachusets it is not a question of the fitness of lawyers as compared with physicians to act as coroners, that State having the wisdom to try the experiment of substituting the effete coroner's jury for a best system. That system is passing successfully the experimental stage. How is it in North Carolina? Bad enough. In Wilmington, the largest town in the State, the coroner is elected by the people. The choice has fallen for years upon a mulatto man, a barber or barber's apprentice, whose one fitness for the office is the respect he pays to the advice of educated white persons, and another merit being that he at times uses the prerogative of his office and decides that the county should not be put to the expense of an examination. So that at the very threshold of criminal proceedings faulty

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administration begins. The neighboring town of Golds borough has had a medical coroner, carrying out the mode of action suggested by the Medical Society years ago. We would like to renew the suggestion that, at the approaching election in the fall, medical candidates for the office of coroner be offered in all the counties. Justice would be subserved if educated physicians filled the offices of coroner throughout the State.

Homeopathy seems to have made a friend of the Cleveland *Medical Gazette* which says: It seems to us that the time has come when we should ignore the old prejudices handed down to us by our ancestors, and not ostracize from the profession every physician whose early training and surroundings were such that he entered a homeopathic medical college, and consequently his associations have been with practitioners of this sect. The great obstacle in the way of a speedy union of all practitioners of scientific medicine in one large, aggressive body is the present Homeopathic Medical Colleges. Some of these are already organized and equipped, both in money and brains, to teach medicine thoroughly and successfully. It is not to be supposed that they are going to disband. They will continue teaching medical students to the best of their ability, and it is incumbent on the profession to recognize this fact. And so soon as they drop their sectarian dogmas and titles the profession doubtless will admit graduates of such institutions to fellowship in medical societies, and meet them in consultation, and recognize them as members of the profession, providing these colleges comply with the necessary requirements as to scientific educational qualifications. We believe that some homeopathic colleges do meet these requirements now, and if they do not they would soon comply with this demand.

Expert Testimony is still occupying the attention of many physicians. Dr. Harold N. Mozer (Chicago *Med. Recorder*) thinks that much of the dissatisfaction experienced by physicians with the present manner of giving expert testimony, is that they leave the stand feeling that they have not expressed themselves fully on the subject in hand, or else that they are conscious that their views have been seriously warped by cross examination. In a great measure this arises from a want of understanding of the common rules of evidence and the rights of a witness. It is not an infrequent observation in our courts to see a witness stumbling along, mixing objective signs with subjective sensations and statements made to him by the patient, until the whole matter is in such hopeless confusion that it is impossible for the judge to make an intelligent ruling. There is little complaint on the part of those who are able to present facts and theories in a logical and orderly manner, and in plain, non-technical language; in other words, those who have mastered the art of the medical-jurist. It is difficult to see how this is to be remedied by any change in method, as obscure statements, a mixing of facts with opinions, or hearsay evidence, is sure to be confusing, no matter how it is brought into court.

From a consideration of all the facts the following conclusions seem to be justified:

1. The present system of expert medical evidence is admittedly faulty.
2. In part this is due to the inherent difficulty of the subject.
3. In part to defective understanding by witnesses of the elementary rules governing the introduction of evidence.
4. In part to the conflicting rulings of courts.
5. Any change, if made, should be done with great caution and only after the most mature deliberation.
6. The present inexact state of medical science does not warrant the invasion of the province of the jury or the abridgment of cross-examination.
7. The only change at present justified is one altering the manner in which experts are to be summoned.
8. The appointment of official experts is not advisable under our present political system.

Sneak-Advertisements are being collected by the editor of the *Medical News* who goes on to say: We have no present intention of uncovering the Pandora-box in which the modest hobgoblins of our scrap-book try to hide. We only wished to notify some of our kind correspondents that it is only the sly dodges of the regular physician—that is "in good standing," "a member of such and such reputable medical societies, etc.," that we wish to obtain proofs of. For obvious reasons, we have now nothing to do with the out-and-out quacks. Their affair must be settled by legislation of the whole country. They have the merit of frankness and of what the prize-fighters would call courage. It is the double-faced fellows we are after—those who secretly import into medicine the morals and practices of the ward politician, whilst pretending to belong to a craft that detests such actions. Will not correspondents also give the date and the name of journal from which the scraps are taken?

Medical Orthoepy is still a moot point. In a lengthy paper on the subject (Chicago *Med. Recorder*) Dr. J. F. Oaks says that in view of the facts he has stated, he is constrained by the rules of logic to advocate the English method of pronunciation of all terms used in medicine, with the exception of such as have been added to our medical vocabulary from the modern languages, and have not been assimilated or anglicized. In this connection he also wishes to advocate the plan so thoroughly exemplified in the Spanish and French languages of naturalizing foreign words and making them to conform in orthography to regular English analogies.

In recapitulation his reasons for advocating the English method of pronunciation are:

First, because we are an English-speaking people.

Second, because it is the method used at the bar in this country and Great Britain.

Third, because many Latin words used in medical

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literature have become thoroughly anglicized, and it would savor of pedantry and affectation to use any other method; e. g. such familar words as vagina, vertigo, vapor, cicatrix, biceps, cecum, bacillus, etc., would sound quite ridiculous and elicit much merriment, where they pronounced respectively, vahgeenah, verteego, vahpor, kekahtrix, becapes, kakoom, bahkillus, etc.

Fourth, because the Anglo-Saxon, when correctly spoken, is a nervous and masculine language well adapted to popular eloquence and perspicuity.

Fifth and lastly, he advocates the English method for the sake of consistency and uniformity in the pronunciation of medical terminology.

Although medical terminology should be pronounced strictly in accordance with well-established rules, yet we find these rules violated not only by our leading teachers in medicine, but also by authors of medical dictionaries and lexicons.

Surgical Dexterity does not seem to be looked upon favorably by the *Lancet-Clinic* which says:

Under the head of "Surgical Dexterity" an exchange prints the information that a certain surgeon performed a laparotomy, removing both ovaries, and completed the operation in six minutes. We fail to see just where the cause for commendation comes in, because we are of the opinion that the rapidity of the operation is not particularly in the interest of the patient. Rapid work is very desirable, but "working against time" is seldom to be commended.

As the "exchange" referred to was the REVIEW we will merely observe that the more rapidly a laparotomy is performed the greater are the advantages to be reaped in the way of less danger of infection, less shock, and a more rapid recovery.

Bills are not rendered as they should be by physicians. The New York *Medical Journal* very pertinently observes that there is perhaps no more fruitful source of loss to the physician than laxity in rendering bills. There is great truth in the old saying that short accounts make long friends. It is frequently said that doctors' bills are hard to collect. If this is true, the doctor is in many instances to blame—not because of lack of professional shill, but because the bill is so long delayed that the patient has forgotten the matter and his gratitude has evaporated. The age of long credits in commercial life is gone. This is largely true also of professional work in the great centers of population. In some country localities and among certain city physicians it is not true. They allow accounts to run for months or years without rendering a bill. The doctor's bill thus becomes a formidable thing and is hard to pay, and must usually be discounted. If rendered at short intervals, before it has attained to great size, it is grouped with the current expenses and is quickly paid with comparatively little effort. The doctor's care, and labor, and sleepless nights are then all remembered, and the patient feels that he is paying money for value received, and does not ask for a discount. Frequent bills, while they need not show a mercenary or grasping spirit, do show that the doctor lives by his practice and expects remuneration for his labor. It is not wise to place anything on a bill that will seem to be an apology for rendering it, such as the statement "bills rendered quarterly." A bill should be rendered as a matter of course at stated intervals, which will vary somewhat in different communities.

The Pan-American Medical Congress has been incorporated under the laws of the State of Ohio. We agree with the *Medical Record* when it says: This is a very wise and useful measure, although we believe the American Medical Association has existed for a number of years without having been made a corporate body. The incorporation was at the instance of a well known statesman, who recognized the public and political (not partisan) importance of such a drawing together of men of science from the two Americas, and who believed that the general Government would aid the undertaking in a substantial way were there a body corporate legally empowered to receive and disburse money.

Concerning the propriety of Congress making an appropriation to meet the needs of this meeting there can be, it seems to us, no question. It is, therefore, no more than just that the National Congress should aid the physicians who have undertaken this work. We should be in a condition to receive our guests in a becoming manner and to do them honor. As is seen in the regulations, the foreign members are to be charged no fee for registration, the total expense falling upon members residing in this country. It cannot, therefore, be said that the physicians in the United States are seeking to throw the entire burden upon the country. But as the nation will benefit by the holding of this Congress in 1893, it is but right and just that it should also contribute to make the Congress a success in every way, financially and socially as well as scientifically.

The Attention of Non-Subscribers is called to the special offer on ad. page xii.

Auto-Infection in Scarlatina.—Dr. Bates, read notes, before the Bradford Medico-Chirurgical Society, of the case of a girl, aged 19, who in the midst of convalescence from apparently typical scarlatina complained of slight joint pains. On the eleventh day the fever and rash recurred; on the fourteenth day smoky albuminous urine with blood and casts were were noted, and on the seventeenth erythema nodosum on the shins. On the twenty-first day the rash came out again more livid in color, the temperature fell, and after suppression of urine and appearance of edema, hot air baths established diuresis. The patient desquamated until the eighteenth day. He was at a loss for an explanation except by autoinfection.

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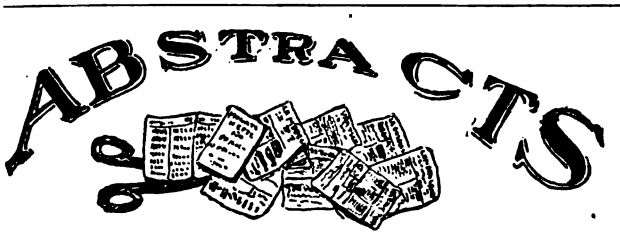
Cesarian Section.—This subject has been discussed at quite some length at the Obstetrical Society of London. At a recent meeting, Dr. Heywood Smith said that one of the most important points to consider was the time of operation, and he had no doubt but that it was far better to wait until labor had set in before operating, as then there would be much more chance of the uterus properly contracting. Having had the opportunity of recently witnessing Dr. Duncan perform the operation, and the great difficulty in obtaining uterine contraction, that gave rise to a considerable loss of blood, the question arose, having regard to the absence of proper healing both of the abdominal wound and also that of the uterus, whether the hemorrhage might not have been due to that cause.

Curious Situation for a Gold Filling.—At a recent meeting of the Odontological Society, Mr. Newland-Pedley showed a dry specimen of sequestrum (*Lancet*) from the buccal surface of the alveolar process, in which a gold filling had been inserted. The patient presented herself complaining of a little hole in her gum, from which there was an offensive discharge. She said there had been a gumboil over the root of an upper back tooth which had led to the existing condition. The patient had consulted her dentist about a disagreeable discharge, and about fifteen months ago he inserted a gold filling in the little hole in the gum. On examination it was found that a gold filling was inserted in necrosed bone, and with the aid of a little cocaine a small sequestrum was removed with the filling *in situ*. It appears that the dentist had drilled into the alveolus between the two buccal roots. Was the necrosis due to this operation or of prior existence?

How to Dilate the Cervix Uteri.—With the eclecticism that characterises the proceedings at the Medical Society of London, the whole of the meeting on Monday week last was given up to the discussion of a paper by Dr. Amand Routh, on rapid dilatation of the uterus (*Hosp. Gaz.*) in the diagnosis and treatment of uterine hemorrhage. It seems strange that he should find it necessary to insist upon what one would have supposed was an axiom in the treatment, viz., the advisability of exploring the uterus before proceeding to more radical measures for the prevention of menorrhagia or metrorrhagia. Yet there are a number of instances on record in which—removal of the appendages having failed to arrest the flow—the uterus has been dilated, and a polypus found, which proved to be the proximate cause of the hemorrhage. Such an occurrence, in our opinion, constitutes a surgical scandal, almost amounting to malpraxis. The next question is, as to the choice of method. Of late years tents of all descriptions have fallen into disrepute on account of the risk of septic mischief, with which their employment have been credited, and also because of the long and tiresome manipulations required. Many gynecologists now prefer Hegar's method of rapid dilatation by means of graduated bougies, and according to Dr. Routh, the procedure, if carried out under strict antiseptic precautions, is practically devoid of risk. This would indeed seem to be the case with young women, especially those who have been recently pregnant, but in elderly spinsters or women who have not borne children for a long time, there exists a very tangible risk of rupture. On the whole, general practitioners who feel inclined to dabble in gynecology on their own account, would probably be well advised if they continue to resort to tents for the purpose, the hypothetical dangers whereof may be minimised, by washing out the vagina first of all with an antiseptic solution and taking care to sterilise the tents themselves.

Nevus Pilosus.—Mr. Chavasse showed the Midland Medical Society, a case of nevus pilosus occupying the entire half of the face in a girl seventeen years of age. The hair on the scalp of the affected side was thicker, coarser, and of a darker color than on the normal side. Although congenital and progressive, the parents had not permitted any steps to be taken to retard the growth. Mr. Chavasse also showed an alveolar sarcoma occurring in the cicatrix of a shoulder-joint amputation undertaken eight months before for a mixed-celled growth in the lower third of the arm, the patient being a man aged fifty-three. To effectually remove the infiltrated tissues it was necessary to resort to Berger's method of dealing with the subclavian vessels and removing the scapula and two-thirds of the clavicle.

Tumor of Female Urethra.—Dr. R. F. Henry reports the following interesting case (*West. Med. Rep.*): Being called upon to give counsel and help in the case, I examined her and discovered, first, the free end of a tumor which had the likeness of a drop of blood in size and color, and proved to be very sensitive when touched. A further examination revealed the other end of the tumor which was attached to the mucous membrane in the anterior part of the urethra. The dimension of the tumor, as measured by the eye, was about three-eighths of an inch in length, one-eighth of inch in breadth and one-sixteenth of an inch in thickness. As regards consistency it was very soft and therefore became more globular in form when taken from the position which it had occupied.

The tumor had caused but very little uninary obstruction and would have given but little trouble had it not been extremely sensitive on touch or pressure from without. The case was new to me and I have come to the conclusion that such cases are extremely rare, from

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the fact that I have not been able thus far to find a case on record like it in all respects. As no authority could be found for the treatment of the case I used my own judgment and suggested excision, to which the patient gave her consent, and on the eleventh day of May last the tumor was removed with the curved scissors, with the assistance of Dr. T. E. Alyea, who accepted my invitation to see the case on this occasion. But very little hemorrhage followed the excision, and no after treatment was used but a few washings with carbolized water.

Sterility in the Male.—Dr. L. Seeligmann states (*Med. and Surg. Rep.*) that matrimonial sterility caused by the husband may be due to the following couses:

1. Impotentia coeundi.
2. Aspermatism.
3. Azoospermia.

Of these three causes of male impotency, the comparatively rare condition of impotentia coeundi, and the almost equally rare condition of aspermatism, we may pass these by and proceed to a consideration of azoospermia as the most frequent cause for sterility, or rather impotency, in the male.

Azoospermia, or a change in the ejaculatory fluid in in which both quantitatively and qualitatively the semen is apparently normal, but in which the most important element, the spermatozoa are absent, can be caused by the following.

1. Stoppage of the vasa deferentia in consequence of inflammation or traumatism.
2. Nutritive disturbances of both testicles:
   a. Occurring after funiculitis, epididymitis, and duplex orchitis.
   b. From constitutional diseases, such as syphilis, tuberculosis, chronic alcoholism, diabetes mellitus, etc.
   c. From varicocele, hydrocele, kryptorchismus.
3. Atrophy of the testicles:
   a. After sexual excesses.
   b. After long indulgence in onanism.
   c. After injury to certain parts of the brain, especially of the cerebellum.

Remedy for Chloroform Narcosis.—A noval plan for restoring the circulation in chloroform syncope has been resorted to for some time past by Prof. Koenig, of Goettingen. It consists in energetic pressure applied over the cardiac region and repeated about forty times a minute. Dr. Maas has improved on this method by applying the pressure much more frequently, about 120 times a minute in fact, and he claims to have resuscitated several patients after the failure of Koenig's plan. Standing on the left of the patient, the thumb is pressed deeply and rapidly, staccato, at a point midway between the normal apex and the sternum, repeating it twice a second, artificial respiration being carried on at the same time. Almost immediately the pupils, which in this particular condition are invariably widely dilated, begin to contract, and soon spasmodic attempts at inspiration follow. When this is the case the operator may take a rest, so long as the pupils remain contracted and the respiratory efforts continue.

Obstipation in Women.—Christopher Heath states (*Merck's Bull.*) that we must be prepared sometimes to find that a woman who is having apparently a healthy evacuation daily yet retains in the upper part of the rectum large masses of feces in the shape of balls. He is quite sure this is much more common than is generally supposed. He has met with it many times, and always in women, generally elderly women; they complain that they are never comfortable, that they never get that feeling of relief they should have, but are always straining and bearing down almost as if in labor, and at last matters come almost to a stoppage. It then becomes a question of clearing out these hard balls of feces with a lithotomy scoop or the handle of a tablespoon, which will do in an emergency. In that manner we can evacuate the bowel in a way that the patient cannot do herself. It is quite worth while, then, when a woman complains of uneasiness about the rectum, to put the finger up so as to make thoroughly sure that the upper part is not blocked with these balls.

Constipation.—Dr. Platan, of Berlin, suggests a remedy for inveterate constipation (*Meyer Bro's Druggiss*). It consists in the introduction of a pinch of finely-powdered boracic acid into the bowel. The results are declared to be most satisfactary, even in severe cases, in which mechanical measures had failed to afford relief.

The Treatment of Erysipelas which has yielded the best results in our experience (*Ther. Gaz.*) is one which we have already recommended elsewhere, and which in each and every case proves to be singularly efficient.

It consists in washing the part which is affected with a solution of bichloride of mercury, in the strength of 1 to 10,000, and then thoroughly anointing the skin with an ointment of ichthyol, of the strenth of two drachms of ichthyol to the ounce of lanolin or benzoated lard. This having been freely applied, the part is protected by a layer of salicylated cotton and a gauze covering; or, if the disease involve the face, a piece of gauze can be used alone, with holes cut in it for the nose, eyes and mouth.

This line of local treatment in the early stages of the malady diminishes the pain and relieves the tension of the parts, at the same time seeming to limit the area involved. When the case is seen after the attack is well advanced, the same treatment rapidly reduces swelling and induration, and produces so rapid a change for the better that the patient soon recognizes the advance which he is making.

It is hardly necessary to add that full doses of tincture of chloride of iron should be given in such cases.

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as much as 20 or 30 drops every four hours if the disease is severe. Since this has been written the article of Klim has been published, which gives practically the same treatment.

Hysteria in Man.—In the clinic at the Jefferson Hospital, Prof. Da Costa brought before the class (*Col. and Clin. Rec.*) two cases of hysteria in men. The first case was a young man twenty years of age. His bowels were constipated; tongue was heavily coated. He was losing flesh; had indigestion, and as nervous symptoms he had headache, was depressed, gloomy, strangely emotional, with fits of laughter. He was placed on the following treatment:

℞ Aloin, - - - - - - gr. $^1/_{10}$.
Pulv. aromatic., - - - - gr. ij.
Ext. nucis vomicæ, - - - gr. $^1/_8$.
M.
Sig. In granules three times a day.
He must live chiefly on a meat diet.

The second case was a man about twenty-five years of age. He also was emotional, had headache, was gloomy, had numbness in varies parts of the body, pain in the chest and an irritable heart. He was placed on the following treatment:

℞ Tinct. strophanthi, - - - gtt. v.
Tinct. cinchonæ comp., - - - ʒj.
M.
Sig. Three times a day.
And,

℞ Sodii bromid.,
Ammonii bromid., - - aa gr. x.
Aquæ, - - - - - - q. s.
M.
Sig. Every morning and evening.

Chorea.—Drs. G. L. Walton and H. F. Vickery conclude, in reference to this subject, as follows (*Am. Jour. Med. Sc.*):

1. Neither rheumatism nor heart disease is essential to chorea.

2. The preponderance of evidence points toward the conclusion not only that rheumatism and organic heart disease conjointly appear more frequently in the choreic subject than can be accounted for by coincidence, but that the same is true of each of these affections separately. It follows, therefore, that (*a*) rheumatism predisposes to chorea, and (*b*) organic heart disease has the same tendency.

3. (Drawn from the observations of others). Fatal cases are generally associated with organic heart disease, and probably with organic disease of the central nervous system (notably cerebral emboli).

4. There is a large class of functional cases—largely reflex, and fostered by circumstances tending to produce functional symptoms in general.

5. The pathological connection between rheumatism and chorea, excepting in the cases where emboli are produced by accompanying endocarditis, is still obscure; probably no one theory is applicable to all cases.

6. The mechanism by which the peculiar phenomena of chorea are produced is unknown.

Pyoktanin in Epithelioma.—Dr. Krauss recently reported a case (Memphis *Medical Monthly*) of epithelioma of the face successfully treated by injection of methyl violet solution. The cancer, beginning at the outer edge of the orbit, occupied a considerable portion of that side of the face, denuding the bone, of which several pieces were removed in the course of the treatment. The diagnosis was confirmed by microscopic examination. The treatment consisted in the injection with a hypodermic syringe into the substance of the tumor, two or three times weekly of one dram of a 1-400 gradually increased to 1-250 solution of methyl violet. The treatment was begun in June of last year and discontinued in January of this, at which time there was complete cicatrization and apparent cure, which condition exists at the present time, Drs. Willett and Williams saw the case before, during, and since treatment, and confirmed the statements of Dr. Krauss as to treatment and results.

Sexual Neurasthenia.—In a clinical lecture (*Int. Clinics*) Dr. B. Sachs says, that in no class of cases does he expect such good results from treatment as in sexual neurasthenia. Because of the fact that so many neurasthenic individuals complain of a feeling of weakness in the morning, he opens the day by having them take a cold bath, the water being applied to the spine. The patient is made to stand in a bath tub, which contains warm water, while the cold water is made to flow from the occiput down the spine. In addition to this, these patients require very nutritious food, consisting largely of eggs, meat, fish and oysters, and large quantities of milk, with a slight admixture of farinaceous food. Of drugs there are two that are of importance, and they are strychnia and phosphorus. The patient should begin by taking one sixtieth of a grain of strychnia three time daily and slowly increase the dose until he is taking as high as one-tenth of a grain thrice daily. The more the exhaustion the more is strychnia tolerated. With regard to phosphorus, we can use it in combination with the strychnia or independently, giving one-hundredth to one-eightieth of a grain, and gradually increasing it. The exciting cause of the disease must be removed. Rest or exercise must be prescribed according to circumstances of the case.

Prophylaxis Against Syphilis.—Dr. Osler makes the following statement in his work on the "Practice of Medicine," which recently appeared: Personal purity is the prophylaxis which we, as physicians, are especially bound to advocate. Continence may be a hard condition (to some harder than others), but it can be borne, and it is our duty to urge this lesson upon

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young and old who seek our advice in matters sexual. Certainly it is better, as St. Paul says, to marry than to burn, but if the former is not feasible, there are other altars than those of Venus upon which a young man may light fires. He may practice at least two of the five means by which, as the physician Rondibiles counselled Panurge, carnal concupiscence may be cooled and quelled—hard work of body or hard work of mind. Idleness is the mother of lechery; and a young man will find that absorption in any pursuit will do more to cool passion which, though natural and proper, cannot in the exigencies of our civilization always obtain natural and proper gratification.

Menstrual Madness.—In a paper on this subject appearing in the *Jour. de Med. et de Chir. Prat*, it is stated, according to the *Medical Age*: It is notable that at the time of menstruation most women suffer from unusual phenomena, implicating generally the nervous system. The most common symptom is migraine, which may be regarded as the beginning of a slight cerebral excitation. A change in the ordinary disposition is frequently seen, the person becomes quarrelsome, contradictory, and unsatisfied; an abnormal jealousy may also be observed. Cases of dipsomania, kleptomania, etc., have been observed at this period, and erotomania is not uncommon; in one case a woman in a high state of genital excitement wanted to be taken to a house of prostitution.

The gravest form of complaint is that of homicidal mania, of which some cases have been known to exist; much more frequently, however, the delirium is generalized; it is a true madness which nearly always manifests itself during the flow of the blood. All the symptoms cease with the catamenia or a short time after, but cases have been known which degenerated into chronic mania. Again, melancholia is observed; this last form is particularly noticeable in young girls at the time of their first periods.

The prognosis in menstrual madness is relatively favorable, but full account must be taken of the predisposition If that be favorable the cure is more easily obtained than with any other form of mania. Leeches and vesicatories may be of some use, but the chief reliance must be placed in the bromide of potassium, a medicament essentially genital. If the manifestations of the disease be very marked, it is well not to forget that, by the side of opium, morphine, and atropine, the tartar emetic in small doses is very efficacious and is much employed in England, especially to calm excitements of this kind.

Pachymeningitis Hemorrhagica Interna Chronica.—In concluding a paper on this subject (*Medical Record*) Dr. Frank C. Hoyt says:

In conclusion, I wish to suggest the following deductions, offering them as a practical and rational view of the subject:

1. That the disease known as "pachymeningitis hemorrhagica interna chronica" is not a disease of the dura mater primarily, and not, necessarily at all. The name is therefore a misnomer, and the simpler term, "subdural hematoma," should be substituted.

2. That the condition is due primarily to a paralysis or loss of the normal vaso motor tonus, associated with structural changes in the cerebral vessels, particularly those of the pia mater.

3. That hemorrhage may, and often does, take place in the substance of the dura from the causes stated, but that its vascular supply and anatomical structure render it improbable that these hemorrhages play any part in the formation of subdural hematoma.

4. That the hemorrhage occurs from the vessels of the pia mater primarily, forces its way without difficulty through the upper cobweb like layer formerly called the arachnoid, escaping into the subdural space. The extravasated blood becomes organized, new vessels are formed, and these assist in furnishing the recurring hemorrhages.

5. That the inflammation of the internal surface of the dura mater is secondary and due to the irritation of the extravasation, and then is not general, but occurs only in patches where organic union has taken place.

Lysol as an Antiseptic.—Lysol is the latest candidate for honors as an antiseptic (*Am. Jour. Surg. and Gyn.*). It is, according to Gerlach, more effective than carbolic acid and creolin. For disinfection of the hands a one per cent watery solution may be used without soap. The walls of the operating room may be made non-infecting by spraying with a three per cent solution of lysol. It is not nearly so poisonous as sublimate, carbolic acid or even creolin. For disinfection of the stools and of the sputa of tuberculous patients it is more efficacious than any other agent. Its cost is quite low.

Resection of the Liver.—The following are the conclusions of Dr. W. W. Keen (*Boston Med. and Surg. Jour.*) on this subject:

1. Both experiments on animals and operation on man have shown that tumors of the liver, and even large portions of the liver itself, can be removed without undue disturbance of the function of the liver; the experimental evidence makes it probable that the liver tissue may be regenerated and the loss made good.

2. That the escape of bile into the peritoneal cavity is not a usual phenomenon after such an operation; that it may generally be prevented either by searing the raw surface of the liver, by ligation, or by securing the stump in the abdominal wound, and that, even if the bile so enters the peritoneal cavity, the result is not necessarily fatal.

3. Hemorrhage need not be greatly feared. The vessels can often be tied separately or in mass, or cut through by the cautery, or controlled by pressure, or by a combination of these means.

4. The resection or amputation is best done by

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enucleation, by the cautery or by the knife or scissors, preferably perhaps in the order named. In case of a tumor with a very large base of attachment, the operation may be done in two stages, the base being surrounded by an elastic ligature in the interval.

5. The mortality thus far has been only about ten per cent.

Sources of Syphilitic Infection.—Dr. Rassler, in his essay for the M.D. of the University of Kiel, makes a valuable contribution to the literature of syphilitic disease. The *Archiv f. Dermatologie und Syphilis* states that Dr. Rassler undertook the labor of analyzing 630 cases of syphilis treated in the medical clinic with the object of ascertaining the number arising from extra-genital infection. He found thirty-four such cases, comprising twenty-three of the lips, one of the tongue, two of the mucous membrane of the mouth, and three of the mamma. In three instances the primary sore occurred on the genital organs without connection having taken place, and in the remaining two it was impossible to indicate the locality. The result of these investigations shows that five per cent of all cases of syphilis are due to extra-genital infection. According to other authorities, the proportion varies between one and ten per cent, except in certain parts of Russia, where the proportion is said to reach as high as eighty or ninety per cent.

Pruritus Vulvæ.—According to an exchange Dr. Kholmogoroff cured a case of severe pruritus vulvæ by six applications of galvanism of ten to fifteen minutes' duration, and ten to fifteen milliamperes strength of current. The positive electrode, insulated within the vagina, while the cathode, covered with chamois and moistened with a salt solution, is applied over the affected area.

Sepsis.—Dr. Luther Sexton says (*Jour. Mat. Med.*) that the modern and most successful treatment of wounds is based upon the prevention of infection and fermentative processes in wounds, and is accomplished by the same methods that we preserve organic substance—with one notable exception, viz., freezing. Free drainage and exsiccation, removal of any germs from wounds by 1 to 2,000 bichloride irrigation, impairing the soil for germ development by dry dressing, no tension and perfect cleanliness—such are the best preventive measures. But we are not allowed to select all our cases, and we will be called to treat septicemia or pyemia after it has already developed under such circumstances. We cannot afford to do nothing; still our best methods of treatment are followed by frightful mortality.

Violent sepsis is usually ushered in with chill or chilly sensation; at the same time the temperature is high, probably 101° to 105° F.; this fever is followed by drenching sweat. Pyrexia may occur several times daily; pulse runs very high, from 120 to 160 per minute; restlessness, headache, delirium, with scanty, high colored urine; respiration is rapid and shallow, tongue dry-coated, sordes on teeth, usually constipation in the start, and profuse diarrhea towards the close of the disease. Metastatic abscesses in the liver, lungs, kidneys, or lymphatic glands, are soon followed by collapse and death. In pyemia, or more favorable cases, the symptoms are not so violent. Metastatic abscesses are not so liable to occur—a more favorable termination may be expected.

In all such cases drain and disinfect the wound; freely and early open all collections of pus—combatting high temperature, etc., with germicidal agents and supporting treatment, until nature may be assisted in throwing off the poison. These cases undergo resolution or result fatally in from six to ten days. Repeated rigors, formation of thromboses and emboli, and a temperature above 105° or 106° F., are the worst omens.

Vertigo From Brain-Fatigue.—In an article on the clinical and pathological significance of vertigo (*Medical News*) Dr. Henry L. Elsner says: Let us now pass to the consideration of a form of vertigo, found as the result of brain-fatigue, without other evidences of organic disease, or symptoms of anemia or hyperemia. This form of vertigo deserves particular attention. It is to be looked upon as a warning given by nature to the busy man, and calls for rest before mischief is done to brain and bloodvessel. With this variety of vertigo, not usually severe, there is a sense of weight or a tired feeling in the occipital region. While the patient is at his work, usually toward the end of the day, he suddenly, while writing or speaking, becomes conscious of slight giddiness, lasting as a rule but a few seconds or minutes, and leaving him with a desire to close the eyes and rest the head. This may be associated with general malaise, sometimes with neurasthenic symptoms, or it may be the only evidence of brain-fatigue. It occasionally happens that with this variety of vertigo the patient loses consciousness or becomes faint. As a rule, however, the vertigo with the symptoms described is transitory, and is relieved by giving the brain rest. This variety of vertigo was frequently found as a sequel in the recent epidemic of influenza, among business men who had returned to work before they had fully regained their strength.

Leprosy.—Dr. D. W. Montgomery states (*Pacific Medical Journal*) that the contagiousness of leprosy, and the likelihood or unlikelihood of its spread in the United States, and especially in those States fronting the Pacific Ocean, and in active communication with countries where leprosy is endemic, such as China and the Sandwich Islands, is exciting so much attention now, that any case of an American acquiring the disease in the United States becomes of uncommon interest. The conditions obtaining in this country do not seem favorable to the spread of this disease, for even when imported in considerable quantity, and located in a fair

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degree of concentration, as, for instance, in the case of the Norwegian lepers in Minnesota, G. Armaur Hansen has found it does not even attack the children of leprous parents.

Leprosy and syphilis in their dissemination, as in so many other of their features, form a direct contrast. Syphilis spreads with greatest rapidly in a country where there is commercial activity. In such a condition of society there is a large floating population, among whom husbands and wives are often separated for considerable lengths of time, and the temptation to the illegitimate indulgence of desires, which are perfectly natural and proper in themselves, becomes very strong. For the dissemination of an exceedingly virulent disease like syphilis, where actual contact of abraded surfaces is necessary, this widespread but transient fornication is eminently favorable. One can see, however, that concupiscence may be as great among a poor, stagnant, and overcrowded population as among a commercial people; the difference is, that in the former, lust is necessarily confined in a narrower circle, and this limitation, while unfavorable to the introduction of syphilis, or any other infective disease, is eminently conductive to the maintainance, when introduced, of a slowly inoculable disease like leprosy.

Traumatic Cyst of the Pancreas.—Mr. Littlewood read notes of a case before the Clinical Society of London (*Brit. Med. Jour.*). The patient was a male, aged 30, who was thrown from his horse, stamping on his abdomen with his hind feet. Thirteen days after this a swelling was noticed in the left upper umbilical and lower epigastric regions. The swelling was explored, and a syringeful of dark blood removed. The swelling increased in size, at first slowly and then more rapidly. The patient suffered a good deal of pain in this region. Seven days later, August 12, the swelling was aspirated in the morning; 10 ounces of fluid were removed, alkaline, of dark sage green color, and specific gravity 1.015. In the afternoon the abdomen was opened in the middle line above the umbilicus. A cyst was at once seen, having displaced the stomach upward and the colon downward; it was covered over by omentum. This was torn through, the cyst opened, and cyst wall stitched to the peritoneum and deeper layers of the abdominal wall. Forty ounces of fluid were removed of the same character as that removed in the morning; the cyst was drained. A sinus formed, which closed at the end of two months. An analysis of the fluid collected about ten days after the operation was made by Dr. Clarkson, demonstrator of physiology in the Yorkshire College, and shown to contain the following substances—serum, albumen, salts, trypsin, amylopsin, steapsin, and milk-curdling ferment (meta casein).

Now is the time to subscribe for the WEEKLY MEDICAL REVIEW,

Buffalo Letter.

Editor MEDICAL REVIEW.—Both the University of Buffalo and the Medical Department of Niagara University have held commencement exercises this week. Monday, May 2, was the day for the Niagara College, Tuesday for the University of Buffalo. The order of exercises was almost precisely the same for both schools, the morning being given up to the addresses of welcome, and the business sessions of the alumni associations; the afternoons to the hearing of papers by alumni and the graduation exercises occurred in the evening and were followed in each instance by a banquet at the Genesee Hotel. The eight graduates in medicine of the Niagara received their degrees in the Star Theater, and the commencement address was delivered by the Rev. Wm. Burnett Wright, D.D.

The graduates of the Buffalo Medical College numbered fifty four, including six women, seven other candidates having been "plucked." Two of the women were represented on the honor roll, standing first and fourth respectively. Several years ago a woman led the medical class. The Department of Pharmacy presented twenty-one candidates for the degree of Ph. G., one of them being a woman. Several other members of the senior class had passed their examination satisfactorily but they were not awarded diplomas either on account of lacking the required practical experience in dispensing or because they were under age. Two of these thus debarred from obtaining diplomas were among the five honor men of the class. The banquet of the alumni of the Pharmacal Department was held on the evening following commencement, conjointly with the Erie County Pharmaceutical Association, at the Hotel Niagara. Following the precedent of last year, the menu was printed in Latin.

The address to the graduating class of the Buffalo Medical College was delivered by Dr. Geo. M. Gould, editor of the Philadelphia *Medical News*. His subject was "Quacks," and he discussed them in order of magnitude; first speaking of the out-and-out itinerant venders of panaceas, then of the patent medicine men, then of the various sectarians, including the Christian scientists and the homeopaths whom he ridiculed when they adhered to the views of Hahnemann and denounced when—as most of them do—they abandon the essential theories of homeopathy and use the name simply as an attraction. He also stigmatised the men in regular practice who seek after sneak advertisements in the public prints or who, while blowing pianissimo the trumpet of the college in which they are professors, toot their own horn fortissimo. Naturally enough the ad-

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dress aroused hostile criticism from most of the local newspapers. The excellent address to the Alumni Association by Professor James Law, of Cornell University, was reached too late in the evening to ensure the attention which it merited. He read a paper on the "Diseases Shared by Man and the Lower Animals," and discussed both from the scientific and the practical standpoint, the best means of guarding against the use of diseased meats, and against the communication of such diseases as glanders, hydrophobia, tuberculosis and tetanus.

The re-trial of the suit of Dr. Rachell Kemball vs. Professor Charles Cary has been concluded with a verdict in favor of the defendant. Mrs. Kemball kept a small lying in hospital. More than three years ago she was run down by a bicycle and, as she claimed, sustained a fracture of the neck of the femur. Among several physicians who attended her, Dr. Cary was selected as the victim of a malpractice suit. The defense proved that there was no fracture and that this question had been settled by Professor Roswell Park, before Dr. Cary took charge of the case, that, in fact, the whole responsibility of the early surgical treatment of the case fell upon Dr. Park, who was perfectly willing to assume it. The suit was regarded by many as an attempt at blackmail, although in charity to Mrs. Kemball it should be stated that for nearly two weeks after the first time that Dr. Cary saw her with Dr. Park and before Dr. Cary assumed charge of the case, it was found necessary to confine her to the insane asylum, and her mental disturbance may have been such as to distort her recollection of the facts of the case. This charitable view, however, is not the opinion of the majority of the medical men who have watched the progress of the trial.

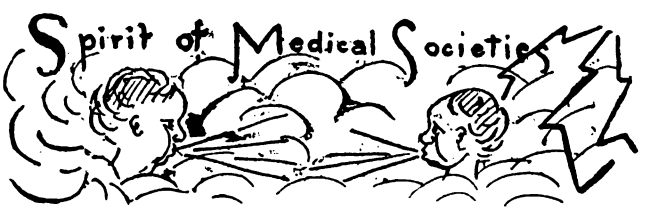
A Chinese leper is said to be quartered somewhere in the city, but neither the Health Commissioner nor the United States Marine Hospital Surgeon has been able to verify the rumor.

Drs. Southwick and Howard were granted the honorary degree of D.D.S. at the commencement of the University of Buffalo. Both gentlemen have achieved enviable reputations as dentists, and have fairly earned the title.

Advertising Doctors.

Editor MEDICAL REVIEW.—Under the caption "Advertising Doctors" in your issue of April 30, appears a reference to me which does me great injustice. I never saw the paper known as the *St. Louis Humorist*, neither have I ever had any communication verbal or otherwise with any one connected with the paper so far as I know. Whatever notice the editor of the *St. Louis Humorist* has seen fit to take of myself or other public men, M.D's. I mean, without our knowledge or consent, certainly cannot be classed as advertising. I hope you will endeavor to correct the false impression necessarily made upon the minds of your many readers by the communication above referred to. A. B. SHAW, M.D.

2900 Chestnut Street, St. Louis.



St. Louis Medical Society.

A stated meeting of the St. Louis Medical Society was held Saturday night, May 7, President Walter Coles in the chair.

The Committee on Elections reported favorably, and the following applicants were unanimously elected to associate membership: Drs. Frank Ring, C. Pesold, Chas. L. Frankel, S. Klein and G. M. Wagner. The name of Dr. H. L. Miltert was presented for membership.

Dr. Broome presented a case of macroglossia upon which he had operated, removing a V-shaped portion just above the frenum. The result was good. It was presented more for its uniqueness than its intrinsic value.

Dr. Thornton presented the specimens he had removed from five joints; also explaining his method of treating such injuries by free opening of the joint when amputation was denied.

Dr. Prewitt reported a case he had operated upon for retro-peritoneal abscess. He found the left kidney absent and in its place a large sac of pus-like fluid, also several small calculi. The doctor called attention to the difficulty of diagnosis in such cases. A second case, one of tubal pregnancy, was reported; the patient dying after operation. The symptoms had existed for several days; the doctor thought that had an operation been performed at the first manifestation of the disease recovery would have followed, but the few days that had intervened had been fatal to the patient.

Dr. Jacobson asked if in the first case the urine had been examined; he was answered in the negative.

Dr. Loeb reported a case which he described as "Reflex Aphonia; Demonstrated." He described the symptoms and believed the trouble to be caused entirely by the pressure of the middle turbinated bone on the septum. The use of cocaine yielded almost instaneous relief. The accidental leaving of a piece of cotton in the nose was followed by complete relief the cotton being removed four days later.

Dr. Bauduy agreed as to the diagnosis. He did not believe, as a rule, in pathognomonic symptoms, but the hyperesthesia of the larynx in this case he believed to be one. It was often noted in such cases.

Dr. Bremer thought the case one of simple hysteria.

Dr. Williams agreed with Dr. Bremer and reported several interesting cases he had seen, most of them being examples of hysterical blindness.

Dr. Loeb, in conclusion, called attention to the peculiar effect of cocaine on the nasal membranes.

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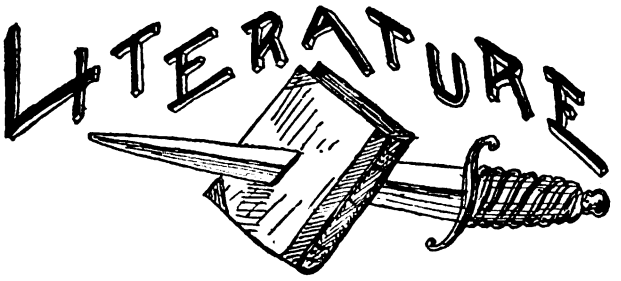

Treatise on Gynecology Medical and Surgical. By S. Pozzi, M.D. Translated from the French Edition under the Supervision of and with Additions by Brooks H. Wells, M.D. Vol. II. Royal 8vo., pp.583. With 174 Wood Engravings and 9 Full-page Plates in Color. [New York: William Wood & Co. 1892. St. Louis: J. H. Chambers & Co., 914 Locust Street. Prices: Muslin, $6.00; Sheep, $7.00; Half Morocco, $8.00.

This is the second and concluding volume of Pozzi's remarkable work. Our readers may remember reading our review of the first volume and we desire to state that this was but faint praise of one of the most meritorious works it has been our good fortune to examine. We desire to reiterate the words of commendation we wrote before and no intelligent physician, in our opinion, can afford to do without Pozzi's gynecology. It is a classic and is the more valuable for the fact that it is not merely a reflex of one man's opinions and experience but the most complete digest extant of the best and most important writings on gynecology in France, Germany, England and America, collated by a master in this department of medicine.

The editor has done a most valuable work, and one which is rarely appreciated by those who have never been called upon for similar labor. He has not only adapted the book to the practice of the profession in this country, but he has made many additions, besides bringing the subject up to date. A feature which will be appreciated by those who have occasion to consult this book, and we are sure that there will be many, is the practical value of the matter presented. All the varying shades of different conditions such as are apt to arise are considered, thus giving a most full and complete resume in a clear and forcible manner.

In the present volume the following subjects are considered, from which our readers may glean, what the scope of the work embraces: Inflammation of the uterine adnexa; neoplasms of the uterine adnexa and ligaments; genital tuberculosis, intra- and extra-peritoneal pelvic hematocele, extra-uterine pregnancy; diseases of the vagina; diseases of the vulva; malformations of the genital organs; diseases of the urinary tract, rectum, and pelvis. A most copious and thorough index closes this masterpiece of medical writing.

We could point out many valuable and interesting features did space permit us, but we can only speak sufficient to give this work of Pozzi's an unqualified support and hearty endorsement. We can honestly recommend not only gynecologists but all practitioners of medicine to read it and they will never cease rendering thanks for the advice proffered.

Before closing we desire to state that the publishers have done their part in the highest style of the printer's art. The type is large and clear, the press work excellent, and the paper of the best. The binding is elegant and a feature introduced by Messrs. Wood & Co. is the number of finely executed plates in color which are artistic in the highest degree, besides being most valuable additions to the book. The wood engravings are numerous and well executed and sufficiently numerous to be of the highest value in elucidating the text.

Hydatid of the Lungs.—Hydatid cysts of any organ are among the rarer diseases in England (*Hosp. Gaz.*), but hydatid of the lung has been regarded as particularly rare—for which we are entitled to be profoundly thankful. In Australia it is said to be as common as tubercular deposit in the lung, a fact which is almost sufficient to counterbalance climatic and other advantages. That hydatid of the lung is, however, more frequent than of yore, is evidenced by the fact that a speaker at the last meeting of the Clinical Society was enabled to refer to no less than five which had come under his notice in a comparatively short space of time. The diagnosis of this condition is naturally a task of exceptional difficulty; indeed, it is ony possible by the aid of an exploratory puncture. That's the rub, however, for aspiration of a growing, living hydatid is a proceeding which is very apt to be followed almost immediately by intense dyspnea, caused by the passage of the fluid in the lung substance and death. Indeed, Dr. Bristow lays it down as a maxim that living hydatid cysts should not be tapped but, should intervention of some sort be absolutely necessary, that a free opening should be made and the whole sac removed. If the parasite dies or excites suppuration the treatment must be that of any other abscess cavity, *i. e.*, free opening and drainage. The deposit of plastic lymph in the neighboring lung tissue prevents the regurgitation of the fluid in these cases, whereas, with the still living hydatid no such barrier is interposed, and when the internal cyst pressure is diminished by tapping, the compressed lung substance expands and, like a sponge, soaks up the extravasated fluid. In any case the finest possible needle should be used for aspiration, and only a small quantity of the liquid should be withdrawn; then stand by and wait for absorption or suppuration.

In Germany a lecture on homeopathic medicine is added to the curriculum of the regular schools and in that country the distinctive school of homeopathy is as thoroughly done away with as could be wished. The latest statistics give only thirty-seven homeopathic practitioners in the whole of Germany.

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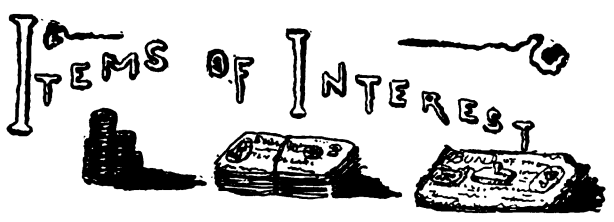

What's in a Name?—The Dean of the Cincinnati Homeopathic College has a very suggestive name—C. D. Crank.

Professor Rumpf of Marburg has been appointed to succeed Dr. Kast, now Professor of Clinical Medicine at Breslau, as head of the Hamburg Infirmary. His scientific publications treat mostly of diseases of the nerves.

Centenarians.—Thomas Jox, a master bricklayer, died at Wisbeach not long since at the age of 104 years. Mrs. Paulina Harris, who was born at Warsaw in 1790, died in Liverpool on the 10th ult. at the age of 102 years.

Hypertrophy of the spleen has been treated by W. Carey in a great number of anemic children. Almost all those cases were preceded by hereditary syphilis. This anemia is most successfully treated with ferruginous preparations.

By the Death of Mrs. Sharp, of Row, Dumbartonshire, England, the Victoria Infirmary at Glasgow succeeds to the whole estate of her first husband, Mr. Couper, paper maker, of Cathcart, Glasgow. The amount is believed to be from $150,000 to $200,000.

A Murderer's Devotion to Science.—It is said that a French murderer, condemned to be guillotined, recently requested his brother, a medical student, to experiment with his head immediately after decapitation, in order to ascertain by a pre-arranged code of signals (winks and movements of the eyeballs), what he felt when the knife cut his head off, and how sensation and consciousness is retained.

The Practitioner's Parasites.—Few medical men of any standing have not experienced at some time or other the importunities of the begging impostor. Now as a poor but unfortunate fellow-countryman, now as an invalid, as a dispenser out of work, as a brother practitioner in monetary difficulties, or as representing one or a dozen other phases of distress, he is constantly turning up. He is affable, voluble, pitiable. He comes laden with manuscript recommendations, yet he is evidently devoid of credit. Like the rich, he, though poor, has many friends, and they too as needy as himself, and as willing to avail themselves of the charity which he first scented out. His name is legion, and his modes of "working," as we have seen, shows him to be quite a chameleon in adaptation.

Extraordinary Mode of Testing Rabies.—A few days ago a calf was bitten in Market-Hill, county Armagh. That it suffered from rabies was established in a primitive fashion as follows: A black hen was placed in front of the calf, and according to the wiseacres it was expected that if the calf were mad it would become excited and plunge at the hen. In this instance the calf did act in that fashion, and those who witnessed the test were satisfied of the existence of the disease.

Eminent American Physicians and Surgeons.—Dr. R. F. Stone, of Indianapolis, author of "Stone's Elements of Medicine," will soon publish a book entitled "Eminent American Physicians and Surgeons." Since Atkinson's book, which was published many years ago, no such work has appeared. It will be handsomely illustrated with photo-engraving portraits of many of the leading members of the profession in this country. So we are informed by an esteemed cotemporary which, however, fails to tell us how much the tariff will be on the "leading gentlemen," especially the illustrated ones.

American Medical Association.—Physicians who expect to attend the meeting of the American Medical Association at Detroit, June 7, 8, 9 and 10, will do well to remember that the Wabash System offers the best inducement and superior accommodations, at the authorized reduced rates.

Detroit may be reached by three different routes on this system with the privilege of returning by any ocher. You may go by the great middle route to Detroit direct, or by Toledo. You may go by way of St. Louis or you may go by way of Chicago, and have the advantage of returning by any you choose, thus affording opportunity to visit St. Louis, Toledo and Chicago en route. Trains leave Kansas City and St. Louis morning and evening arriving at Detroit in advance of any other line. Sleeping and dining room cars attached, and through reclining chair cars free.

Insane Asylum Scandal.—Long newspaper accounts have recently been published concerning a row of huge dimensions now in the process of incubation at the Fulton, Mo., Insane Asylum, which is a State institution. It is stated that the Board of Managers of the asylum has been called to meet, and it is understood that the management of the asylum will be subjected to a thorough investigation. That it is badly needed has been a matter of common notoriety there for some time past, and rumor has been busy with charges affecting the superintendent, Dr. Le Grand Atwood, Dr. M. P. Sexton and Dr. S. S. Davis. Dr. Davis has resigned his position as third assistant physician of the asylum, and it is believed that before the end is reached Dr. Sexton and Dr. Atwood will have to go. Some of the charges referred to are of a very unsavory and scandalous nature.

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Professor von Hippel, of Koenigsburg, is reported to have accepted a call to succeed Graefe as Professor of Ophthalmology at Halle.

Medical Bills.—Under a recent decision, medical bills in Michigan do not have a labor status entitling them to a first lien in case of bankruptcy.

At a Recent Meeting of the City Deputies, Professor Virchow emphatically condemned the mixing of religious propagandism with sick nursing.

Colonel Williams, of Bridehead, near Dorchester, a director of the London and South-Western Railway Company, has presented to the Dorset County Hospital £1,000, in memory of his father, the late Dr. Robert Williams.

Baron Hirsch (says *Truth*) has set an excellent example to wealthy sportsmen of all creeds and nationalities. He has decided to devote the whole of his turf winnings of last season, amounting in all to £7,000, to hospitals and institutions of a kindred nature.

Gold-Headed Cane.—An exchange states that among the lares treasured in the penetralia of England's Royal College of Physicians, there is none around which more hallowed or interesting memories are clustered than the gold-headed cane, which was owned and daily carried on their professional rounds, successively by five of the most eminent and popular of London's physicians, during a period of nearly a century and-a-half; from 1689, when Radcliffe first carried it into the Kensington House, on the occasion of one of William the Third's attacks of asthma, to 1823, when Matthew Baillie laid down the staff, which until his time continued to be the necessary complement of the physician.

Missouri State Medical Association.—Transportation.—Warrensburg is on the main line of the Missouri Pacific Railway, 218 miles west of St. Louis, and 65 miles east of Kansas City. The Missouri Pacific depot at Warrensburg is connected to Pertle Springs by a dummy railroad, a train making the round trip every 15 minutes.

The Missouri Pacific, M. K. & T., St. Louis, Iron Mountain and Southern, Fort Scott and Memphis Railroads have made the Association the unusually low rate of one and one-third fare for the round trip. Members on the above named roads will buy tickets *direct to Pertle Springs.*

Those off the above named roads should buy tickets to the nearest station on one of the above named roads and there buy another ticket direct to Pertle Springs for one fare far the round trip. Tickets should not be bought to Warrensburg but to Pertle Springs. Mem bers coming from the North or South will make close connection with the Missouri Pacific trains at St. Louis, Pacific, Sedalia, Pleasant Hill and Kansas City, so that no time will be lost by delays between trains.

Association of Medical Superintendents of American Institutions for the Insane.—The forty-sixth annual meeting was held in Washington, at the Arlington Hotel, on May 3, 4, 5 and 6, under the Presidency of Dr. Daniel Clark, of Toronto, Ontario.

Warner's Therapeutic Reference Book has just been issued by the well-known firm of William R. Warner & Co., of Philadelphia. It is the fourth edition and constitutes what its name implies. It is a duodecimo of 119 pages of most useful information to the general practitioner. The publishers will be pleased to send it to any physician writing a request to that effect.

New Building for the New York Post-Graduate School.—The directors of the New York Post-Graduate Medical School have purchased five lots on Second Avenue, on the corner of Twentieth Street, and will proceed, at no very distant day, to build a capacious, beautiful, and fire-proof building, to contain the Medical School, the Hospital and Dispensary, and the Babies' Wards.

Physicians Under Fire.—While two physicians in Brooklyn were endeavoring recently to have a child with small-pox removed to the hospital for contagious diseases at Flatbush, the irate father of the child, in a fit of passion, fired two shots from a revolver at them. Fortunately no harm was done, and after the arrival of the police captain and several assistants, the child went to the hospital and the father to the station-house.

A Medical Dramatist.—At one of the New York theaters a matinee performance was given of a play entitled "An American M.D.," written by Dr. J. Mount Bleyer, a New York physician of literary proclivities (*N. Y. Med. Jour*). We have often spoken encouragingly of medical men's ventures is verse, fiction, and other branches of general literature, and we think it speaks well for our profession that such attempts are growing commoner.

Sir Morel Mackenzie's acquaintance with general literature was not remarkable (*Med. Stand.*). His ignorance once resulted in a humerous contretemps. Dr. Mackenzie was once invited to a London drawing-room, and in the course of the evening was introduced to Mrs. Stannard (John Strange Winter). "I feel that I ought to know you," said the doctor. "I'm 'John Strange Winter,'" replied the lady. But Dr. Mackenzie was no wiser. "I'm 'Bootle's Baby,'" declared the indignant novelist, naming her popular little story. Sir Morel smiled pleasantly, and, approaching his host, whispered: "You know, of course, that you have a mad lady among your guests? That Mrs. —— is quite mad, but I should say harmless. First of all she told me that she was a man, and then somebody's infant and evidently believed it!"

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There have been twenty-seven cases of insanity in the Bavarian royal family during the last 100 years.

The Illinois State Board of Health has during the week ending May 6, issued State certificates, entitling to practice medicine and surgery in Illinois, to the following among other physicians: Emmet F. Enos, Cullom; Wm. E. Franke, Newton; W. D. Harrell, Norris City; J. Eaton Johnston, Hammond, Ind.; Chas. Summer Kellogg, Chesterton, Ind.; John N. Kramer, Hecker; John Loughlin, Rantoul; H. S. Llewellyn, Steeling; Arthur McNeal, Riverside; A. H. Mann, Berlin; John P. Matthews, Carlinville; James L. McCormack, West Liberty; George F. Meade, Carbondale; George S. Miller, Loda; William K. Parker, Divide; Charles A. Pettiford, Springfield; Thomas W. Toler, Astoria; Milo H. Trovillion, Wool.

A Dangerous, because misleading, impression prevails that druggists are obliged by law to exercise a strict surveillance over the sale of poisons (*Hospital Gazette*). There is, indeed, a schedule, but it is so curiously arranged that the more convenient and useful poisons—convenient and useful in a criminal or suicidal sense—can be had for the asking. Thus we hear daily of laudanum being dispensed almost wholesale—six ounces at a time, in one case. Every chemist has his customers who take their drachm of morphine, and Liverpool chemists—judging from the evidence at the inquest on Frank Adamson last week—are ready and willing, without fear or reproof, to sell anybody chloro form not exceeding three or four ounces at a time. Perhaps after some more than usually dreadful series of dastardly crimes, the commission whereof shall have been rendered possible by the present idiotic condition of the law, public opinion will be roused to a sense of the risks involved by such *laisser aller*.

Antivaccinators at Large.—Dr. E. J. Edwards did good service in attending the debate recently at the Memorial Hall, to oppose the silly resolution brought forward with much parade, that "it is desirable that all inoculation of disease be made a penal offence." Dr. Edwards quoted, with a thorough knowledge of the subject, statistics proving the decrease in small-pox due to effective vaccination, and the great mortality of the unvaccinated; and in this he was supported by Dr. Drysdale. In a meeting of this sort, convoked by the members of a variety of conjoined fanatic societies, it was, of course, a foregone conclusion that his views would not meet with general acceptance; and the usual nonsense about the increase in cancer, syphilis, and nervous diseases being due to vaccination was paraded. It is an unwelcome and unpleasant task for an educated medical men to meet these gentlemen on their own platform; but it is a very useful function on such occasions to make the voice of reason heard; and Dr. Edwards deserves thanks for undertaking a disagreeable task for the public good.

Dr. F. A. Penrose, Jr., a brother of Dr. Charles Bingham Penrose, of Philadelphia, who was captured by Wyoming rustlers, says, that he was the only reliable surgeon to be had at the time the expedition started, and he was induced to accompany it at the earnest request of his friends, who organised to protect their cattle against a contemplated round up to be made by the rustlers two months before the time fixed by the State laws. The young surgeon became separated from his party, and was following a day behind when he was captured, owing to the poor condition of his horse. Dr. Penrose is now practically on trial awaiting a hearing next month, after which he is expected to return.

The Doctor and the Hotel Clerk.—A good story is told of the late Dr. Thayer, of Burlington, concerning his experience at a hotel in Cincinnati, where he stopped, while attending a National Medical Congress, many years ago (*Med. Rec.*). Arriving somewhat late in the evening, he went immediately to bed. Upon inspecting his bill, previous to leaving, Dr. Thayer saw he was charged for a supper the night of his arrival, and inquired as to same, saying he had had no supper that night. "But," the clerk said, "you were here; you *might* have had it." "Oh, well," said the doctor, "I can fix that," whereupon he immediately made out a bill against the hotel for medical services, the amount covering the charge for the supper. Upon presenting the same to the clerk, the latter said: "Doctor, I was not aware we had called on you for professional service." "Oh, no," said Dr. Thayer, "but I was here, and you *might* have done so." The procedure, being so original, so pleased the proprietor that he presented Dr. Thayer with his whole bill, and asked him cordially to make him a visit in the future.

Paternal Impression.—The Brooklyn *Medical Journal* is responsible for the following:

A good deal has been written recently in medical journals on the subject of Maternal Impression, but as the literature on Paternal Impression is exceedingly meagre, we deem it a duty to call attention to the following remarkable case which we find recorded in a daily paper:

"A queer freak of nature has just been discovered at Centreville, N. J. It is a two month-old child with a perfectly formed body, but with a pig's face. The snout is very pronounced. C—— M—— is its father. A relative of M—— is said to be not only the mother of this baby, but of two other children. Deputy Sheriff Walling intends to have a warrant issued for M——'s arrest. M—— is an ex-convict, having by a curious coincidence served a term for poisoning a neighbor's pigs."

So far as we know no explanation has been given of this remarkable "freak," but we presume now that the fact has been made public, satisfactory explanations will follow.

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Dr. Helen T. Graves, one of the prominent lady physicians of Kansas City, and sister of Mrs. Crosby Adams, the well known organist of Calvary Baptist Church, died April 3d, at her home 2332 Belleview Avenue, after a three days' illness.

New Jersey Medical Society.—The one hundred and twenty-sixth annual meeting of the Medical Society of New Jersey will be held at the United States Hotel, Atlantic City, June 28 and 29. At a meeting of the Committee of Arrangements on April 21, a letter from Robert M. Davis, General Manager of the Atlantic City Railroad Company, was read, offering to the Committee a special complimentary train from Camden to Atlantic City and return on the day of the meeting. In the evening of June 28, the members of the Society will be given a banquet by the citizens of Atlantic City.

Health of the Survivors of the War.—A recent article (*Ex.*) on the health of the survivors of the war, by Dr. John S. Billings, contains some facts of interest. The total number of soldiers enlisted in the United States Army was about 2,100,000. During and since the war one million have died. The death rate during the war was about eighty-eight per thousand. Fifty-five in a thousand died of disease, thirty three of injury. Since the war the annual death rate has been about fourteen per thousand, which is a little above the average for adult males. Deaths occurred pretty rapidly for a few years after the war, but after that the per cent fell. At present, the investigations as to the health of the survivors of the war show that the sick-rate is about four times greater than it is among the ordinary population. This is not surprising, unless the comparison be made between the health of the veterans and that of the adult male population over fifty years of age, for the great majority of war veterans must have passed that age.

Hiccoughing to Death.—James Brandon, a colored waiter, is hiccoughing himsel to death at Bellevue Hospital. For twenty-eight consecutive days, morning, noon and night, he has done nothing but hiccough. He was taken to the hospital from home, where he had been without medical attendance. He has not been able to sleep, nor can he retain food on his stomach, owing to the unceasing hiccoughing fits. His hiccoughs are at the rate of thirty a minute, or one every two seconds. The physicians at Bellevue express themselves as being unable to suggest a positive course of treatment.

Electricity was applied to Brandon's body in the hope that it would relieve him, but for the time being the physicians were unable to even mitigate the violence of his attacks. As he is unable to eat, and the malady has been allowed to take its course for so long, it is believed he will die of exhaustion. Brandon has fallen off in weight from 145 pounds to 120 pounds in the twenty-eight days of his suffering.

A Monument is to be erected to the memory of the late Samuel David Gross, who was probably the most able exponent of American Medicine and Surgery.

It is said that the human mouth is slowly but steadily moving toward the left of the face, owing to the tendency to chew with the teeth of the left jaw.

An Invitation to attend a meeting of a medical association, which we recently read, terminated in this manner: Don't let obstetrical practice keep you away!

Dr. Margaret Hennessey, of New York, fell from her bicycle at Seventy-second street entrance of the Park a few days ago. She received a compound fracture of her leg and was taken to the Presbyterian Hospital.

Not Poison.—For six months Karl Koch, aged 48, of Fort Wayne, Ind., has been slowly dying. A number of physicians were called in turn, but no two could agree upon a diagnosis. Meanwhile Koch, who was a burly cabinet-maker, slowly wasted away, until he was but a shadow. He was insured in eastern companies for $20,000. The local medical examiners of the insurance companies reported the matter to the home office, and medical experts were sent on from New York to look into the case. After consultation they boldly announced it as their opinion that Koch was being slowly poisoned to death by his friends in order to get the insurance. Not long since Koch died and post-mortem examination was demanded by the insurance men. This showed that Koch died of a cancerous growth of the stomach.

Pennsylvania Society for the Prevention of Tuberculosis.—The Pennsylvania Society for the Prevention of Tuberculosis, popularly known as consumption, was organized not long since at the office of Dr. Lawrence F. Flick, of Philadelphia. The Society's object will be furthered:

1. By promulgating the doctrine of the contagiousness of the disease.
2. By instructing the public in practical methods of avoidance and prevention.
3. By visiting the consumptive poor and supplying them with the necessary materials with which to protect themselves against the disease and instructing them in their use.
4. By furnishing the consumptive poor with hospital treatment.
5. By co-operating with Boards of Health, in such measures as they may adopt for the prevention of the disease.
6. By advocating the enactment of appropriate laws for the prevention of the disease.
7. By such other methods as the Society may from time to time adopt.

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Congenital Infection of Tuberculosis.—Dr. J. A. Jeffries asks this question (*Sanitarian*): Does congenital infection often occur? Can the bacillus gain access before birth, and lie latent for fifteen or fifty years, as claimed by some, and then suddenly became active, and kill its host? The paucity of records shows that congenital infection is very rare. That the second is possible there is not an iota of evidence; it is only a comfortable way of explaining what is not understood. Against it, much can be cited, as the rarity of proved congenital infection and the activity of the germ in the young. The lesson is that we must be careful of the maternity of our experiment animals. Congenital infection is not a factor of importance in the propagation of tuberculosis.

Dislocation of Femur.—Dr. S. B. Judkins records the following interesting case (*Med. Summary*):

Mrs. M. J., aged 89, was one day washing a handkerchief. While sitting beside the tub, there suddenly passed her vision a flash like lightning. She fell over and was carried into the house, and the old family physician hastily summoned. Ten months later, examination developed the fact that there was a dislocation of the head of the femur upon the dorsum ilii. He proceeded to reduce this dislocation by manipulation, and in a half hour succeeded beyond his most sanguine expectations. He had reason to believe that a portion of the capsule was lacerated. No anesthetic was used in treating this case, as he thought it unnecessary. In Prof. Hamilton's "Dislocations and Fractures" he records a case eighty-five years of age. The present case is the oldest of any of which we have any knowledge. She used crutches for about six months, and then laid them aside for a cane, and could walk quite well.

The Cobweb as a Styptic.—When Bottom was "translated" and introduced to the attendants of Titania, he endeavored to ingratiate himself with Good Master Cobweb by saying, "When I cut my finger I will make bold with you." To arrest bleeding the application of a cobweb to the wound has long been a rural custom (*Lancet*). Experience has shown that the gossamer of which the web is composed forms a very useful stypic; but a very fatal objection to its use arises from the fact that as an application to an open wound it can never be guaranteed to be surgically clean, forming as it does a net for insects, and at the same time for the germs of many an infectious disease. Evidence of this was produced before the Liverpool coroner recently touching the death of Martha Roberts, who, following the time-honored custom, had applied a cobweb to her wounded hand to stop the bleeding. Blood poisoning followed upon its application, and this terminated, unhappily, in a fatal issue. It is not a solitary case. The principles of asepticism have not yet become part of the intellectual equipment of the people, neither have its lessons succeeded in overcoming prejudice.

Psilosis (Sprue).—This common and fatal disease is endemic in hot climates, and until recently was considered to be merely a peculiarly intractable form of "tropical diarrhea." It is due to the ravages of a peculiar bacterium the pathogenic development of which is believed to be rendered possible by an acid condition of the intestinal tract, the secretions of which are normally alkaline. However this may be the first symptom of the disease is a peculiar raw condition of the tongue (known in Ceylon as "Sore Tongue"). Then it spreads down the alimentary canal, giving rise to anorexia, vomiting and acute diarrhea, with light yellow frothy motions. It resists all medicinal treatment and goes on for years, the patient gradually withering away from sheer inability to digest and assimilate nourishment. Under favorable circumstances the stools may regain a certain consistency, but they remain white, though post-mortem examinations show that neither the liver nor the pancreas are involved in the morbid process. The only effectual treatment is a rigid milk diet, persisted in for weeks or months. There was a very interesting discussion on the subject at the last meeting of the Royal Medical and Chirurgical Society in which ex-Indian medical officers took a large part. The subject was introduced by Dr. Thin, who seems to have worked out the pathology of that hitherto obscure disease with praiseworthy and fruitful assiduity.

Treatment of Descent of the Uterus.—According to Dr. Thomas More Madden (*Hosp. Gaz.*) the replacement of the uterus in uncomplicated cases of prolapse can generally be readily effected in the left lateral semi-prone condition. In some instances, however, where either from chronic hyperplasia or fixation of the uterus, or from the pressure of tumors or other uterine or peri-uterine abnormal conditions, the reposition cannot be thus accomplished. As well as in all cases of complete procidentia, the genu-pectoral position must be employed. In this posture the intestines, as was long since pointed out by the late Dr. M. Clustode, fall forwards out of the pelvis, whilst at the same time atmospheric and gravitation force will also favor the return of the uterus to its natural position. For this purpose the uterus, if completely extruded, should be painted over with hazeline cream or glycerine, then grasped and compressed for a few moments so as to diminish its abnormal bulk as far as possible, after which the cervix should be gently and steadily pushed up in the direction of the pelvic axis until the entire tumor is returned, the prolapsed vagina being last replaced.

In many instances of chronic procidentia replacement is impossible until the congested and hypertrophied organ has been reduced in size by strapping from fundus to cervix with adhesive plaster or more speedily by a rubber bandage. With regard to the ulcerations generally observed in such cases on the exposed uterine surface, the best remedy is the reposition of the uterus, on which they will rapidly fill in and heal without any special treatment beyond the application of iodoform.

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Stomatitis Aphthosa.—Dr. F. Forchheimer in a consideration of the etiology of this disease (*Arch. Pediat.*) sums up the results of his researches, as follows:

1. Stomatitis aphthosa is a disease produced by some form of deleterious material in the circulation.

2. This material may have its origin in various processes, bacterial or otherwise.

3. This material may, therefore, be of various kinds.

4. This material acts upon a nerve or nerves, or upon a nerve centre or nerve-centres.

5. Producing an herpetic eruption which is the aphthous process.

Antipyrin in Hemeralopia.—Hemeralopia, or night blindness, is an inability to see after sunset, during the night or during the day if the locality is dark. This affection which accompanies pigmentary retinitis, begins usually about the age of 18 years, and generally attacks all members of the same family; it is incurable (*Annales d' Oculistique*). Grandclement has discovered by accident the efficacy of hypodermatic injections of antipyrin in these cases; he employed them in three patients affected with the symptomatic hemeralopia of pigmentary retinitis, after a treatment with antipyrin. The three patients who had been compelled to give up their occupations, were soon able to go back and resume their work.

Fevernager.—The *Times and Register* attributes the following to the *Herald*: What is asserted to be a new variety of influenza has made its appearance at Agram, and although it may not be more satisfactory than the usual variety, it is certainly a much more active and interesting disease.

According to the newspaper reports the patient's chief symptoms are a desire to "climb on the stove," and a tendency to commit assault and battery on every one who approaches him. Ignorant people may call this disease a new form of influenz, but those who have lived in New Jersey and Indiana will at once recognize it as the disease known in the West as "fevernager," and elsewhere as chills and fever. A desire to climb on the stove and sit there is one of the earliest and most characteristic symptoms of this disease, and although in consequence of Mr. Edison's delay in inventing his non-conducting trousers, sitting on the stove seldom proves to be of any real comfort to the patient, the desire to perform that feat is daily expressed by thousands of shivering rural residents. Similarly, a desire to have the life's blood of the person who asks the aforesaid rural resident if he has had the chills and fever, is always expressed in strong language, provided the patient's teeth can be kept quiet for a moment, and if this is impracticable, his indignation at the suggestion of the existence of chills and fevers in his neighborhood takes the form of throwing the nearest available missile at the questioner. There can be no doubt that this is the disease which has broken out at Agram, and to call it a new form of influenza is neither truthful nor fair.

An Antiseptic Courtship.—The *Bulletin of Pharmacy* publishes the following:

John Alexander Grubb, M.D., eminent bacteriologist, past grand master in the art of cultivating germs, and honorary member of the Order of the Infinitestinal Bug, on first beholding the ample charms of Dr. Grindelia Robusta, felt almost as rapturous a thrill run through his veins as that occasioned by the discovery of a new species of bacteria, says the *Medical Visitor*. "The microbes of love," mused he, "are multiplying to the pure culture of my heart. Beautiful Grindelia! What a subtle infection must have shot from thy bright eyes to my interior organs, and how fortunate that my heart was in part affected instead of my liver, for so powerful an affection would have made me extremely bilious."

Even after this, when the brave and romantic germ-killer met the ponderous Grindelia, they chastely ogled each other. After some little delay he managed to get an introduction, and before long was her acknowledged lover.

A charming bacteriological courtship followed. John Alexander Grubb presented himself at her house in a strictly aseptic condition, while Grindelia strove to render her not meagre figure absolutely germless. They spent delightful hours over monocular microscopes, and long *tete-a-tetes* were held, in which such terms as micrococcus, spirillum, phagocytes, etc., were mingled with softer words of love.

When, after the manner of lovers in all ages, they yearned for the conjunction of lips, they took no risks on swapping microbes. Knowing that the learned savant, Miller, of Berlin, had described twenty-two species of fiery, untamed animalcules as roaming in countless herds around the buccal cavity, the hot blood was for once held in check by the cold decrees of science. Dr. John having swabbed out his mouth and lips with peroxide of hydrogen, Dr. Grindelia thoroughly disinfected her mouth in the same manner, and then followed a chaste and microscopically pure osculation, which was, no doubt, all the sweeter for the scientific delay. When they drank each other's health it was with boiled water.

They were finally married in a fumigated church by a disinfected priest. The holy water used in the ceremony was a 1 in 3,000 bichloride solution. The wedding march sounded to the ears of the happy couple exceptionally pure and sweet, for it came from organ pipes whose throats had been muffled with carbolated gauze, so that the notes were strained of every source of infection.

They lived in a little cottage so chemically and microscopically clean that life in it would have been a burden to an ordinary man, and so inimical was its atmosphere to micro-organisms that none ever ventured beyond the garden wall, where, however, countless millions sat, gnashing their teeth and showing every variety of acute despair at their inability to penetrate its boundaries.

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Inalterable Morphine Solution.—The following is given in the *Rundsshau fuer Pharm.*, etc.:

℞ Morphiæ hydrochlorat., - grm. 1.
Alcoholis, - - - - grms. 5.
Glycerine, - - - grms. 10.
Aquæ, - - - q. s. ad grms. 30.
M.

This makes a solution of a strength of 1 in 30.

Seat Worms.—We find the following recommended:

℞ Tincturæ rhei, - - - gtt. xxx.
Magnesiæ carbonat., - - - gr. iij.
Tincturæ zingiberis, - - gtt. j.
Aquæ, - - - q. s. ad ʒiv.
M.

Sig. Warm, and use as injections three times daily.

Insufflations for Laryngeal Phthisis.—Cozzolino recommends the following:

℞ Finely pulverized iodoform, - gr. lxxv.
Powdered phosphate of lime, - ʒijss.
Boric acid, - - - - gr. lxxv.
Menthol, - - - gr. vj to gr. xij.
Mix carefully.

Sig. A small quantity of this is insufflated in the larynx, morning and evening. To prevent dysphagia cocaine solution is applied.

Chapped Hands.—Steffen claims good results, in "chapped" or fissured hands, from the use of the following:

℞ Menthol, - - - - gr. xxij.
Salol,
Olive oil, - - - - aa ʒss.
Lanoline, - - - - ʒjss.
M.

Sig. Apply to the hands twice daily. Pain disappears, the skin softens and the fissures disappear rapidly.

Fat Soap, or Mollin.—

℞ Sol. of potassa (18.75%) - parts, 40.
Lard, - - - - - " 40.
Alcohol, - - - - " 4.
Glycerin, - - - - " 15.
M.

Heat the solution of potassa, add the lard, and stir well during half an hour; then add the alcohol, maintaining the temperature, during twelve hours, at 50° to 60° C., and lastly add the glycerine.

The flush upon the cheek of the society girl is not hectic; it is permanent until it is scraped off with the butcher knife.

Terse.—Young Lady Patient.—Doctor, what do you do when you burn your mouth with hot coffee.

Doctor.—Swear!

A Chicago Editor suggests that if the atmosphere grows much worse in that city it will have to be taken up in capsules.

Jess.—Now that all the men are taking the bichloride, what will they do between acts?

Bess.—Go out for a hypodermic probably.

Mr. Neer.—What might we to do, Doctor, as a community, in order to—er—meet the grip?

Dr. Blunt.—Don't meet it, my dear sir, avoid it.

Depends on the Size.—Faith Physician.—"If you had faith enough you could move a mountain."

Lady.—"But it's only a mole I want removed. How much faith is required for that?"

An Awful Dose.—Inquisitive Citizen to policeman taking in a drunk.—"What are you taking that man for?"

Policeman.—"For 'that tired feeling.'"

Jonesy.—Has Tom relapsed into his old habits since returning from Dwight.

Smithy.—No.

Jonesy.—Do you consider his cure permanent?

Smithy.—Oh, yes. He's dead.

Farmer's Wife.—"Just fancy, Hofbauer, our neighbor, has been to day making me an offer of marriage in case you don't get better."

Sick Husband.—"What! that fellow? It would serve him right if I should die to-morrow."

Good for Quackenbach. — Quackenbach. — Congratulate me, old fellow! I have obtained control of a patent medicine.

Friend.—What is it good for?

Quackenbach.—Any prevailing epidemic.

Druggist (apologetically).—"Doctor, I just made up two or three pills for this gentleman, he didn't wish to consult a physician."

Doctor (agreeable).—That's right, give them to him. That will assure me of more than one visit."

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What is the difference between Homeopathy and nothing? Very little.

Followed the Rules.—"Hello, Major," said the Judge this morning, "I have'nt seen you for a week; where have you been?" "Been home sick as a dog," replied the Major. "You! Why you were always as healthy as could be. What in the world made you ill?" "Well, I tried to follow some rules on health I saw in the newspapers."

A Young Doctor, wishing to make a good impression upon a German farmer, mentioned the fact that he had received a double education as it were. He had studied homeopathy, and was also a graduate of a "regular" medical school. "Oh, dot was noding," said the farmer, "I had vonce a calf dot sucked two cows, and he made nothing but a common schteer, after all."

It is said of a certain literary woman that she is never at a loss for a reply, and never misses an opportunity to say a bright thing. One day a friend was describing to her a noted artist, about whom her curiosity had been greatly aroused, but whom she had never seen. "To begin with," remarked the friend, "he has a perfect Niagara of a forehead!" "What?" said the other. "Do you mean to tell me the poor man has a cataract over both eyes?"

Mrs. Malapropos.—"How is your papa getting along, my dear?"

Miss Precise.—"Oh, he's convalescent."

Mrs. Malapropos.—"My, oh my! How unfortunate he is to be sure! First he had newmoney, then plumbago, and now convalescent."

Miss Precise.—"How do you feel Mrs. Malapropos?"

Mrs. Malapropos.—"The doctor says I've got two buckles on my lungs, and I'm going down to the druggist's now to get some Brown's Bronchial Breeches for my henflewendways."

Not a Proposal.—The young man's face was flushed, and his manner was strangely agitated. As he addressed the fair girl before whom he stood, a faint tremor was noticeable in his voice.

"Miss Blanche," he said, "I hesitated about coming to you, but my feelings have overpowered me at last. Will it be too much for me to ask—"

"Pray go on," said the maiden, with heart wildly beating, as his voice faltered. Yes, they were coming, the words that she and her mamma had so long waited for. "Pray go on," she said again, as he still stood, looking at her with burning eyes.

"I came to ask you, Miss Blanche—"

"Yes," she smiled encouragingly.

"If it would be too much trouble for you to write off that recipe which you said you had for warding off the grippe. I'm sure I am going to have it, and those confounded doctors always charge two prices for a prescription—"

The Southern Pacific has ordered from the Pullman company 12 handsome coaches for use in through traffic between Chicago and San Francisco. These cars will have two drawing rooms and will be several feet longer than those now in use in this service.

Dr. Alex. J. Mullen, Jr., member of the Michigan Association, as well as of the National Association of Railway Surgeons, and division surgeon of the Michigan Central, and surgeon of several other roads, has recently purchased (*Railway Age*) what is known as the Holliday homestead at Grand Rapids, Mich., which will be converted into a sanitarium and placed under the control of a stock company, recently incorporated, and will be open for business this spring. Such a man as Dr. Mullen at the head of an institution of this kind is sufficient guarantee of its success.

Association of Railway Surgeons.—We read as follows in the *Railway Age*:

Dr. C. W. P. Brock, chairman of committee of arrangements, instructs us to announce that the Richmond Fredericksburg & Potomac railroad will pass all railway surgeons over its line going to or coming from the annual meeting. The R. F. & P. extends from Quantico to Richmond; the Pennsylvania railroad makes the connection between Washington and Quantico. The doctor announces this as the preferable route for the members to take who come from Pennsylvania, New York, Maryland or any of the eastern states, as it enables them to strike the C. & O. by direct line at Richmond. Dr. Brock also states that if any of the surgeons desire to come by or return over this line by the way of Washington passes will be furnished them by making application through the representatives of their roads or through him.

The Mississippi Valley Route (L., N. O. & T. Railway) is the popular line between Memphis, Natchez, Baton Rouge and New Orleans. The rice and sugar plantations, and great massive sugar houses and refineries south of Baton Rouge are especially interesting, and never fail to please the observant passenger. Between Memphis and Vicksburg the line passes through some of the finest cotton plantations in the Yazoo-Mississippi Delta, the most fertile agricultural section of the country on earth. Seven hundred thousand acres of the finest agricultural land for sale on easy terms. Round trip winter tourists' tickets to California and Mexico tourist resorts are on sale the year around. For time tables, map folders, and price of tickets, address L. F. Day, Traffic Manager, or P. R. Rogers, General Passenger Agent, Memphis, Tenn.

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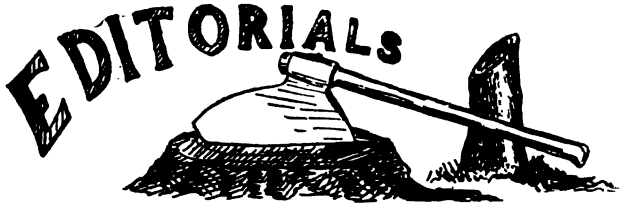

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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An Annual Medical Museum.

We are living in a progressive age and everything that exerts an influence in furthering this progress is nurtured with jealous care. It seems to be a desire, furthermore, to suggest such agencies or influences as will contribute still more to this desired aid. In view of these circumstances we do not hesitate to suggest a possible innovation which, in our humble opinion, would be of benefit and interest to the medical profession. But we are anticipating.

A few words concerning our medical associations. The most democratic of the larger bodies is undoubtedly the American Medical Association and, we are pleased to note, there are strong indications that it is about to undergo a marked improvement. The general sessions will not absorb all the time and attention of the members, but the sections will do so and this is but right and just. Given good section work and everything else will go well. Moreover, such action will elevate the tone and character of the Association. Then we have, in addition, the other large associations which meet annually, such as the Mississippi Valley, the Southern Surgical and Gynecological, and the Congress of American Physicians and Surgeons, whose triennial meetings are a feature, not to mention the various special societies of which we should feel justly proud

When we take into consideration the fact that at all of these meetings there is no lack of material, that on the contrary there is a superabundance and that the various state medical associations which also meet annually are never in want so far as papers are concerned, it immediately suggests itself that the members are active workers in their profession and interested in it as well. With so much work there must undoubtedly be point and the meetings of medical men as well as the teeming pages of medical journals bear ample testimony to the truth of this.

Now, we desire to call attention to one of the features of the British Medical Association meetings. It is one which appears to have proven a complete success with our British confreres and there is no reason why it should not result in the same manner with us. It consists essentially of an exhibit made by the members This exhibit is not only interesting in every particular, but it is instructive as well and is one of the main attractions of the annual meetings. The material for this display consists of normal and pathological specimens of every description, instruments, appliances, and in fact, of everything interesting or novel that has occurred in the practice of the members during the past year, that can be placed upon exhibition. This method is not peculiar to the British Association. The International Dermatological Congress has a similar museum as it is called, and it is one of the most prominent attractions of its periodical meetings. Members vie with each other in their efforts to contribute the best in their power and this laudable rivalry only redounds to the best of all.

When we take into consideration the attractiveness of the displays of manufacturing chemists, instrument makers, and other exhibitors at our own meetings we cannot but feel assured that an exhibit such as we have hinted at would form an annual museum which would prove not only attractive and interesting in itself, but of the highest value as a method of instruction as well. It would prove an incentive to many to renewed efforts and refresh their waning interest in medicine and surgery. It would spur on many to show their capabilities

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from the knowledge that an evidence of their work would be seen and the seed of their thought and experience would not lie fallow in barren soil. It would act as a motive for better work and as an inducement to renewed exertions in their chosen field of labor.

That such a result would be achieved is proven by past experience. Washington has been so often chosen as a meeting place for medical conventions on account of the Army Medical Museum which is a lasting monument to American military surgery. But, our National Association cannot choose it as a permanent meeting place; neither can our State Associations. Why not have a temporary museum then, which if not upon so stupendous a scale, will at least be superior to it in the variety of the contributions which are made? We do not think that there would be any lack of material to exhibit could the proper spirit be infused into the mem bers.

Of course, one of the first objections which would be made to this would be as to the feasibility or practicability of such an undertaking. This naturally would depend entirely upon the willingness of the members to contribute. To find a place wherein to exhibit, and conveniences or means to make a good showing would necessarily entail a certain amount of trouble and expense. But, when we stop to consider how these are undertaken by individual members in such cases as when they read papers before sections or meetings, we cannot see that much more labor or expense would be incurred. A point in connection with such an annnual museum is this: All of our State Associations meet annually. Should such exhibitions be adopted at their meetings a collective exhibit of all could be made at the annual meetings of National Associations thus making a vast and valuable array of all the valuable material which has accumulated during the past year. Such a feast would tend to increase the attendance to a degree never anticipated or we are very much mistaken in the interest which the profession takes in the various questions of medicine and surgery.

We need only picture in our mind's eye the dry and wet anatomical and surgical specimens, the pictures and photographs, the appliances of all characters, the instruments, the various devices, the aids to instruction, a bacteriological department, etc., and the array becomes so rich and varied that the physician who would not be attracted by it is verily hopelessly mired in the very depths of crass ignorance and indifference to the duties of the calling he has embraced.

We do not desire to speak further on this subject except in so far as it bears upon the welfare of the profession. The complaint has been made in many quarters, of late, that the meetings of medical bodies were not so well attended as in former days. That there seemed to be a lack of enthusiasm and a certain amount of indifference to the general welfare of the profession. The demand, now-a-days is for the demonstrative. The object lesson is desired and unless this be furnished there is but little inducement to spend time and money merely for the purpose of listening to philosophical theorizations or to every day experiences. The annual medical museum would supply this demand and would constitute a true object lesson of the progress made during the past year, so far as the members were concerned. It would conduce to attract many, not members before, to become such as they would thereby have an opportunity of displaying their contributions and thus another advantage would accrue to the general welfare of all.

We have merely hinted at the possibilities offered by such a course of procedure. It is not an impossible nor visionary idea for it is one in practical working and has been so for several years. Its advantages are apparent from the fact that it is continued and with increased satisfaction. The details, certainly, should be carefully considered; but, in our opinion, the main idea is not unworthy of action and the fact of the manifold advantages it offers should certainly recommend it to the medical profession for a thoughtful and careful investigation as well as inquiry into its merits.

Cancer Curers seem to thrive in England, but occasionally stumble as shown by the following:

Maria Owen, locally known as the "lady doctor," has found herself committed by the Birmingham stipendiary for obtaining money under false pretenses. According to the evidence of the prosecutor, Mr. George Ralph, the accused called on him, and stated she had been sent by the Ladies' Medical Association to see witness's wife, who was then suffering from incurable cancer. On seeing the invalided woman, she said, "I can cure you. If you will only put your trust in me and the Lord, take a few drops from this bottle, and pay me 10s. 6d. down and undertake to pay 10s. 6d. in six weeks' time, then you will soon be a different woman. If I don't cure you in six weeks I'll return your money." The accused then proceeded to administer some drops from a small phial, and left another dose to be taken during the night. Witness handed her 10s. 6d., and she never came again. What medicine was taken did no good whatever. Maria Owen, according to the evidence, seems to have been indiscreet. She went a little beyond the limit which the law allows; otherwise her formula is common enough among the tribe of cancer curers of her class. But it is unusual to promise to return the money, and indiscreet not to reappear.

Indecision is a grave defect (*American Lancet*) in the life of any person, but it is especially so in a doctor. Prompt decision after the facts have all been considered is imperative for any satisfactory career. The causes of indecision are numerous, and its varieties equally so. In some it springs from knowledge so extensive as to impress its possessor with the dangers that may follow a certain line of action, and yet so limited as to deprive its possessor of the confidence that he has all the knowledge of practical value. He knows too much to possess the comfort of the ignorant, and too little to secure that of the wise. Hence it is impossible for him to act with decision.

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Another class of persons are unable by organization to reject the unessential and rapidly mass the essential as a basis of action. One individual of the writer's acquaintance could speak and write with facility seven languages; all the sciences were in his grasp; the arts were his familiar friends; every branch of medicine found a congenial home in his wonderful brain; he was a master of the ways of society, but he was unable to select from this mass of facts the proper course of management of a case of measles. He could not decide upon anything because of the manifold things that had been prescribed in the books for this trouble.

The Pure Food Bill, which has recently passed the Senate and is now before the House, is one the beneficence of which cannot be called in question. It simply requires (*Medical World*) that all foods and drugs offered for sale shall be what their labels or other methods of designating them state them to be. This is no disadvantage to an honest man or firm. Physicians are especially interested in that portion of the bill relating to the adulteration or false branding of drugs. Every physician should write three letters urging the passage of this measure; one to the Congressman representing his district; one to Col. Hatch, chairman of the House Committee on Agriculture, Washington, D. C., in whose hands the bill now rests; and one to Hon. Charles F. Crisp, Speaker of the House. If possible, put your letters in the form of a petition, and get as many as possible to sign them.

The Medico-Legal Expert, according to the Denver *Medical Times* should occupy a higher plane. In the first place as to the qualifications of the medico-legal expert, we hold that he should not be allowed to testify in this capacity unless a graduate in both law and medicine. He should be required, moreover, to take a further post-graduate special medico-legal course of two or three years in a regular college for that purpose. When all this has been done the aspirant for medico-legal practice would be at least mentally qualified to give evidence which would enlighten a jury and untangle a web of crime. He would not be a mere opinionist posing on his assurance and plausibility; nor would he be in the position of the rutted old practitioner, honest, but set equally firm in prejudice and conviction. Our ideal medico-legal expert would be first of all a man who knows his special profession thoroughly, and lastly, one who studies out the truth of the case as earnestly as if his own life or liberty were at stake. The partisan methods and original asininity "expert" testimony has brought ridicule and approbrium upon the medical profession. The cause of error is twofold, lack of special training and the love of money. Let a physician be ever so honest in intention, yet the lurking devil in the retainer fee will lure more strongly than the claims of justice and make of him unconsciously the suborned witness of his client.

The Term "Regular" is one which seems to be rather an eye-sore to the Homeopaths, if we are to judge of the "fuss" they make over it. One exponent of the infinitesimal school (The Chicago *Medical Times*) says:

The Surgeon General of the United States rendered a decision last Fall, which, coming from so high an authority, ought to satisfy the most exacting for a definition of the word "regular."

In the army regulations there is a paragraph which specifies concerning the qualifications of the physician being admitted, and says he must be a graduate of a regular medical college. A member of a certain Iowa homeopathic Medical Society wrote a letter to the Surgeon General, asking him to state definitely what was meant by the word "regular."

The answer was as follows: "The term regular, as used in paragraph 1544 Army Regulations, is used in its most comprehensive sense, as indicating a college well equipped and prepared to cover the whole ground of the science and art of medicine in its teachings, and requires not less than a three years' course of study to secure its diploma." This definition, especially in its last clause, rules out a large number of the allopathic colleges, and admits nearly all of the eclectic or homeopathic institutions. The word "regular" is becoming a dead letter, as applied to one school, as by far the larger number of all physicians acknowledge the regular character of institutions of learning of all schools.

We are afraid the author of the above is hypnotising himself into a sweet dream of the unreal. The word "regular" will never become a dead-letter until no irregulers exist.

Who Shall do Abdominal Surgery? is a question which has recently been discussed and the chief points considered in the discussion of the question hinge largely upon the results obtained. Dr. Marie B. Werner in a paper on the subject (*Am. Jour. Obst.*) closes as follows:

In conclusion, the author would like to call attention to certain facts regarding the best results, in answer to the question which gave rise to this paper, that—

1. Pelvic surgery should be left in the hands of the trained gynecologist.

2. Pelvic surgery has as distinct a place as eye surgery, requiring the same special training under those who have had a wide experience and attained best results.

3. Only close adhesion to the fundemental principles in surgery, early and prompt action after the diagnosis calls for operation, simplicity of method combined with aseptic and carefully completed work, will fortify the present status of our best operators and lead the way to still greater improvements.

Potentization is a subject of the highest interest to homeopaths. The subject does not seem to be well understood by that school. Dr. E. W. Boardman, speaks as follows (*Med. Current*) on this subject:

Hahnemann writes in the preface to the fourth volume of Materia Medica Pura that: "By means of the processes of shaking and trituration, we not only succeed in impregnating gradually, and most intimately, every particle of the medicinal substances with the

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power of the medicine, but also in developing that power to an almost boundless extent."

Several theories respecting the therapeutic power of attenuations have been advanced, the principal of which are the following: One, based on the atomic theory and the infinite divisibility of matter; a spiritual power or dynamic force resident in the drug, but capable of being imparted to the vehicle with which the drug is attenuated, and brought to act on the human organism independently of the drug substance; lastly, a theory of animal magnetism communicated to the drug and menstruum, by means of the muscular force and contact used in triturating or agitating the attenuation.

Ethics in Malpactice do not seem to have obtained that high degree of respectibility which should be required according to Dr. G. Law, (*Denver Med. Times*). What are the duties of physicians toward each other in malpractice suits? A careful examination of the reported cases reveals the fact that a large majority of the suits are brought against worthy and competent men who by long years of careful and faithful work have accummu lated some property and are iu the enjoyment of a good practice. It will take a wide search to find many cases that have been brought against either poor or inexperienced men or men with an inconsiderable practice. Civil suits against imposters and unqualified men are rare, although these birds of prey are often found in possession of much property and of fine paying practices, and when suits are brought, these pretenders generally succeed before the courts in obtaining the verdict in their favor. Why should this state of things exist? Was ever a malpractice suit brought where no physician could be found to advise it? Doubtless there have been suits, but they are very rare, and when brought, the defendant has generally secured the verdict. Is this state of things a creditable and desirable one in the profession?

Doctors are aware that the public expect from them impossible results. Probably upon no other subject is ignorance, prejudice and bigotry on the part of the general public so dense as that of the subject of diseases and injuries, and yet twelve men selected by lot will be called upon to decide medical and surgical points between the plaintiff, who is one of themselves, and defendant, the doctor. These men constitute an essential part of the court with a knowledge of medicine and surgery obtained almost solely from the perusal of the pestiferous circulars and pamphlets written and published by the alleged specialists who advertise so liberally in newspapers.

Advertising is the life of trade and it seems to be that of some professions as well. At the head of the "Married" column of the New York *Sun* of April 26 (and next to pure reading matter) appears the following interesting notice:

> Barlow—Boyd.—On October 28, 1891, Harry Muir Barlow and Rebecca Minerva Boyd, by the Rev. Chas. B. Smyth. Mr. Barlow is the basso who served 164 weeks with the A. B. Wilbur Opera Company. Miss Boyd is the world's famous mezzo-soprano.

In printing the above *Printer's Ink* makes a malicious suggestion which, unfortunately, is founded upon fact. The innuendo is couched in the following terms:

This may be a cheap form of advertising; it is certainly a novel one. Doctors and other professional people whose "code" interferes with legitimate advertising might adopt a similar method and continue to announce their marriage e. o. d. or 1 a. w. for years after that interesting event had actually taken place. It would not be difficult to incorporate a phrase giving terms and office hours.

Cycling has occupied much of the attention of physicians of late. The Peripatetic correspondent of the *Hospital Gazette* writes as follows:

In reply to numerous correspondents, lay as well as medical, in whose breasts alarm has been created by the sudden demise of a young and ardent cyclist after a forty miles' ride, I can only suggest that they should use their common sense in settling the question as to the maximum distance and pace that can be indulged in with safety. There is no inexorable rule. An exploit that is unmixed enjoyment to one man may mean physical ruin to another. The great point for cyclists of all ages to bear in mind is that it is the pace rather than the distance that kills. Given a moderate pace—say from eight to ten miles an hour—with a few minutes' rest every ten or twelve miles, and longer periods for meals, the average cyclist, with sound lungs and free from heart disease, can go on just as long as he feels inclined without seriously jeopardising his health. It is the disregard for personal comfort, the wild, and even absurd, desire to emulate the feats of others, possibly better built or in better training, that does the mischief. Another fertile source of injury is the practice of stimulating the jaded heart to fresh efforts by the pernicious influence of alcohol. Comforting, and even useful, after an exhausting spin, alcohol is extremely dangerous when used as a stimulant instead of merely a recuperant. For these reasons riding in parties is to be discouraged. The weaker members have to strain to keep up with their stronger or more reckless fellows; smoking and drinking habits are communicated by contagion, and individual comfort and expediency are sacrificed to a gregarious emulation. If cyclists will only take care to enjoy themselves in the proper sense of the term, consulting only their own comfort in respect of pace and distance, they would gain in health and pleasure what they lose in speed.

Keeleyism was thus commented upon by Dr. Geo. M. Gould in his recent address (*Med. News*) before the graduating class of the Medical Department of Buffalo University: To day there are 53 "institutes," some 8000 pitiable victims of sin, forming four times a day in 53 lines ("jab time") to receive from renegrade medical graduates (hired servants of an ignorant charlatan trading upon the name of medicine) the hypodermatic injection of a secret substance. They are guaranteed a permanent cure of their disease, and yet a large pro-

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portion have gone through the cure more than once, and a large proportion of those never returning a second time, relapse. Despite the medical, physiologic, and literary barbarism of the Keeley pamphlets, despite the indirect fiendish cruelties of the system (to friends of patients who ruin themselves to raise the money—those who can't pay the $100 "may," as at least one of the superintendents said, "go to hell!")—despite this and the secrecy, there are men, otherwise sharp-witted and intelligent, who are crazy in advocacy of this pernicious filth. The whole affair illustrates well the popular distrust in scientific medicine, and the popular belief in a magical short-cut to health by therapeutic miracle. Young Men's Christian Associations, which would not think of listening to a scientific lecture on the results and cure of chronic alcoholism, open their doors to this monstrous guller, and the Jay Gould of the preaching business, from a supposable Christian pulpit, calls for God's benediction on the most unchristian of deviltries. With a hound's chorus of a thousand newspapers, the Chicago *Tribune* leads in this infamous exploitation of the poor drunkard. So Perkins' tract ors sprang into popularity, and so, after the speedy burial of this delusion, others will periodically spring up in obedience to popular superstition, prodded and nursed by cunning Mephistophelianism. I hope soon to have some very interesting revelations to make to you about Keeleyism.

A Plea for the Study of Anatomy is made by a correspondent writing to the London *Globe*, possibly in order to justify the presence of nude skeletons in our Board Schools, urges that anatomy should be made a compulsory part of our national education in order to generalize a knowledge of how fearfully and wonderfully we are made, and thus put a stop to senseless or ignorant practices resulting in deformity. He says he has on certain occasions—and who indeed has not?—been shocked at the non-scientific handling of prisoners by members of the British constabulary. Their "handling" is, however, wanting only in surgical science. From the police point of view, the scientific way of grasping a prisoner is one which permits considerable anguish to be inflicted with a very slight twist of the wrist. Dislocation of the humerus is a not unlikely contingency, should the prisoner struggle, and partial strangulation is almost inevitable. The only permanent deformities for which the police are directly responsible are the small cup-shaped depressions in the cranial envelope, which follow the application of the magic wand. The etiology of the lesion is often obscured by its being attributed to a wilful fall.

A Liberal Offer.—The MEDICAL REVIEW will be sent to non subscriber for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

Traumatic Hydronephrosis.—Mr. W. J. Collins concludes as follows (*Brit. Med. Jour.*) from a study of the subject:

1. "Traumatic hydronephrosis," or hydrorenal distension, the result of the proximate or remote effects of traumatism upon the perviousness of the ureter, must be distinguished from cases of encysted extravasated urine causing loin tumors, the result of partial or complete rupture of the ureter.

2. Traumatic hydronephrosis may arise acutely from blood blockage of the ureter or, more slowly, from bruising of the ureter, resulting in ulceration and stricture, similar to the more familiar process in the urethra. Possibly also from results of pelvic fracture or bruising by virtue of extrinsic pressure by blood clot, inflammatory products, or callus.

3. Traumatic hydronephrosis may result in spontaneous cure, least probably when confirmed and chronic; or, if in the latter cases spontaneous cure result, it will be in the sense of destruction of the secreting renal epithelium and obsolescence of the kidney. Massage may facilitate the restoration of the previousness of the ureter.

4. Aspiration is valuable to relieve dangerously rapid kidney distension following injury. In my first case, too, I consider it facilitated the shrinkage of the kidney sac, while permitting sufficient tension on the renal epithelium in the intervals to effect its destruction, at the same time permitting the gradual assumption of double duty by the opposite kidney.

5. When there is reason to believe that the condition is one of pyo-hydronephrosis, and where nephrectomy is inadmissible, and when the patient's general health is suffering, nephrotomy, stitching the sac to the parietes, and drainage are indicated. When the urethral block is permanent the persistence of a urinary fistula, however, is probable, because we have then lost the beneficial destructive influence of tension. In my second case, the adhesions and relations of the sac in a man not over-strong, and whose other kidney was not eliminating the normal amount of urea, induced me to prefer drainage to either nephrectomy or aspiration.

6. In the cases of pseudo-hydronephrosis from ruptured ureter, incision and drainage must almost certainly be called for sooner or later by inflammatory consequences. If at the operation it is evident that the rupture of the ureter is such as to render the likelihood of restoration of its function improbable the removal of the kidney, as in Barker's case, would seem to be strongly indicated. Such cases should offer the best results for nephrectomy, and would hardly be liable to

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the heavy rate of mortality referred to that operation when the nature of the cases for which it is performed is undistinguished. Each case, however, should be judged upon its own merits before nephrectomy is advised. It is, however, obvious that the logical choice is rather between aspiration and nephrectomy than between nephrectomy and either of the other procedures.

Variola and Vaccine.—Dr. Chauveau, Professor in the Museum of Natural History of Paris, communicated to the public a resume of his researches on the subject of the transformation of the virus of small-pox into vaccinia, or vaccine (*Med. and Surg. Rep.*):

It is well known that a number of physicians and most of the people believe that vaccine, or vaccinia, produced from the bovine species for the purpose of vaccination against small-pox, is nothing else than small-pox virus itself, modified by successive passages through the animal organism. The Commission of Lyons, France, under the direction of Dr. Chauveau, has established, it seems very positively, that (as has long been believed by most thinking scientists) this is not the case. The virus used for vaccination (cow-pox or horse-pox) is certainly a close relative of the virus of small-pox, and it is perhaps legitimate to admit that they were derived from a common source or from one another, in centuries past. But at this time they are a distinct species, and it seems impossible to reduce them to a single species by the known methods and artifices of experimentation. Inoculations of small-pox in the horse and in cattle produce variola in them, and the introduction of the virus thus produced in these animals, gives to a man variola itself. It was found that the animals inoculated with small-pox became immune against vaccinia, just the same as man inoculated with vaccinia becomes immune against variola.

The symptoms of these different viruses in animals vary considerably, and there can be no mistake made in the diagnosis.

Messrs. Haccius and Eternod of the Vaccinal Institute of Lancy, Geneva, produce a vaccinal lymph cultivated on calf, which is said to be transformed from variola, and not very long ago published their conclusion that variola and vaccinia are probably identical. M. Chauveau, in experimenting with this lymph, found that it contained, in reality, the true virus of small-pox, and therefore it is a dangerous article to use for vaccination. Vaccine, then, should not for practical purposes be considered as an attenuated variola virus, for the two are now distinct, and both are strong viruses of their respective species, whatever their origin may have been.

Puerperal Eclampsia.—This topic formed the subject of a very interesting discussion at a recent meeting of the British Medical Society (*N. Y. Med. Jour.*). The discussion followed a paper by Professor Olshausen, who took a somewhat conservative view of the etiology and treatment. He favored the self-intoxication theory but would not commit himself as to the nature of the poison further than to say that it arose from a hindered functional activity of the kidneys. One of the speakers advanced the theory that the pathological factor was pathogenic bacteria, a theory which he said received support from the investigations of certain French bacteriologists of the micro-organisms in the urine of eclamptic patients. Still, he admitted that these investigations lacked reliability. In reference to the embola of fat found in the lung tissue, Virchow stated that they occurred very frequently and in great abundance. The same condition obtained in crushing injuries of bones, in which cases the fat presumably came from the crushed marrow. But that could not be the source of the fat emboli in eclampsia, and they did not come from the liver, as was held by some. He maintained that they arose from the adipose tissue—which, he said, gynecologists were in the habit of styling connective tissue—of the pelvis, which was subjected to traumatism by the child's head during an eclamptic seizure. The emboli, therefore, must be considered as an effect and not as a cause. In the many autopsies Virchow had made, the kidneys, in the majority of the cases, had shown only slight changes, such as were frequently seen in other conditions in which eclampsia did not occur.

Gonococcus.—According to Dr. George W. Stoner (*Am. Gyn. Jour.*) the absence of the so-called "gonococcus" discovered by Neisser, is, according to some observers, positive evidence in favor of the disease being leucorrhea or simple vaginitis. But, in the light of later observations, and by men of equal eminence and ability, the absence of the gonococcus is not regarded as positive, nor even as negative, evidence in favor of the disease being non-specific. It is not positively asserted that the micro organism, the so-called "gonococcus," can not be distinguished under the microscope from other bacteria, particularly diplococci. Vibert and Borda "have investigated, from a medico legal point of view, the discharge present in the vulvitis of little girls, and declare that microscopic examination of such discharges never enables an expert to affirm that a particular vulvitis is or is not gonorrheal. They find the gonococcus practically indistinguishable from the diplococcus—both bacteria, they say, have the same form of dimensions, the same arrangement in masses and heaps, and not in chains, and they stain alike and are alike deprived of their stain by alcohol: And, according to the *British Medical Journal*, Neisser himself failed to find gonococci in sixty-three out of one hundred and forty-three cases of gonorrhea in the male. And in a number of cases of blennorrhea neonatorum examined by Kroner, the mothers of the patients had no gonococci in the lochia.

Forward Dislocation of the Radius.—Dr. Thomas Parker, reports a case (*Med. Rec.*) as follows:

Miss D. P——, aged twenty, of Mount Tabor, Port-

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land, called at my office and complained of having sustained an injury to her elbow on the previous day, in consequence of which she was unable to attend to her duties. A forward dislocation was diagnosed without difficulty. After several unsuccessful attempts at reduction, on the plan laid down in the text-books, the patient was ordered home, but to return the following day, and in the meantime use hot fomentations to reduce the swelling.

Being then engaged with Prof. Henry Coe in dissecting for his class, I hastened thither, and after considerable trouble produced a forward dislocation of the radius in the cadaver. In so doing my attention was attracted to a peculiar action of the radius on pronation and supination, the forearm having first been flexed; upon performing the latter it was interesting to see how the shallow, cup-like surface of the head of the radius screwed off the capitellum into the depression above the front part of the radial tuberosity, and how, upon pronation, it left its abnormal site, and gliding with a screw-like motion returned upon the capitellum. From the above experiment the following plan is easily deduced: For the easy reduction of a forward dislocation of the head of the radius, flex the forearm, then make firm pronation with one hand while the uther follows the head of the radius into its normal site. This simple plan succeeded on my patient the following day at the first attempt.

The injury in this case was caused by powerful action of the biceps muscle, pulling the head of the bone out of its place, the forearm being strongly supinated, in the act of lifting a heavy weight from the ground.

Wounds of the Heart.—Dr. Jos. Lumniczer has observed five cases of injury of the heart and pericardium, only one of which terminated fatally. His conclusions are as follows (*Deut. Med. Zeit.*):

1. It is possible to detect a wound of the heart both from the local and general symptoms, the most important of which are the signs of cardiac compression.

2. Inasmuch as the symptoms of cardiac traumatisms in many cases do not appear until some time after the injury, it is frequently impossible to make a diagnosis immediately after its occurrence.

3. The physical signs of heart injury are an enlargement of the area of cardiac dullness, the presence of splashing noises coincident with the heart sounds, weakness and arythmia of the pulse.

4. If obvious signs of cardiac compression exist surgical intervention is indicated. The hemorrhage should be arrested and the blood evacuated from the pericardium.

Treatment of Hematuria.—Dr. Wm. Britton says (Canada *Lancet*) that a description of the treatment of hematuria would necessarily involve that of all the diseased conditions giving rise to it, and therefore must be omitted with reference to one or two particulars.

1. In hemorrhage of renal origin, rest is perhaps the most potent factor in the way of restraint, and with this may be combined the use of such astringent remedies as tincture of iron, the iron alum, mineral waters, sulphuric acid, matico and ergot.

2. In case of bladder hemorrhage instrumental interference is to be avoided as far as possible, lest the irritation excited still further complicate the matter, and be productive of increased flow.

3. The tendency is for clots to be broken up by the urine, and unless the disease giving rise to them also produces obstructions sufficient to ordinarily necessitate the use of the catheter, they had better be left alone; but if the contrary condition exists, the urgency being extreme, they may be gently broken up with the point of a double channeled catheter and lavement resorted to, perhaps after suction has been employed. Opium as an adjuvant, will not be out of place, as it will keep the bladder in a state of rest.

4. There is much conflict of opinion as to the efficacy of cold externally as a hemostatic for the bladder. Sir Henry Thompson asserts that no amount of cold applied to the hypogastrium effects the temperature of the bladder, and, therefore, used in that way it is quite impotent, although, perhaps, it is more effective when applied per rectum.

Many cognate matters have cropped up in dealing with the subject under discussion, and time being limited, statements may have been made in so brief a manner as to be necessarily without sufficient qualification to save them from the opprobrium of dogmatism,

Prevention of Insanity.—Of all the medical advances of the present age says Dr. Shelby Mumaugh (*Med. Stand.*), none is nore promising of satisfactory results than the movement to unroll the map of insanity and trace mental derangement to its source with a view to remove and obviate those causes which are conspicuous in its production. When people are educated to understand the true philosophy of mind, then the circle of lunacy will be shaken from center to circumference. When the multiudes learn to escape and avoid preventable causes, then the insane population will rapidly diminish in the same ratio that it increased when those causes were introduced in the habits and customs of the human family. It is frequently in the power of the physician to curb mental obliquity and prevent families from being broken up, spirits from being broken down. He may be enabled to educate many people how to keep the brain swept from the bewilderments produced by vices and intemperance and how to keep it garnished by virtue and discretion. Thus may not infrequently be prevented "the eclipse of reason"—the most disastrous exclamation point to which the mental faculties are subject.

Hydrastine in Uterine Hemorrhage.—According to the *Medical and Surgical Reporter* a ten per cent aqueous solution of the nitrate of hydrastine should be used, and of this form one-half to one gramme

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injected at a dose. The patients will frequently complain of a burning pain at the seat of the injection, but this usually lasts but a short time, yet if severe can be relieved by cold applications. Abel usually gave one injection of half a gramme of the above named solution during the week before the appearance of menstruation, and during the period daily injections of one gramme. If this treatment gave rise to an improvement, then the injections would only be repeated once a week until the next period. If we sum up the experiences of Falk, Abel, and others, it appears that in the subcutaneous administration of hydrastine we have a remedy of undoubted efficacy, and of greater certainty in action than any other in cases of uterine hemorrhages; and, moreover, that in many cases its judicous use may result in a complete cure of the morbid process. By its use we may undoubtedly be frequently spared the not always easy operation of curetting, and in doing so surely avoid a possible danger to the prtient. The treatment is a conservative one, and can not infrequently remove the necessity of a laparotomy for the removal of the ovaries and tubes. As such it commands our careful consideration.

Strange Property of Carbonic Acid.—It has been shown for nearly a century (*Nat. Drug.*) that physical conditions such as pressure and temperature modify in great measure the action of what is called chemical affinity, but probably no better illustration of the fact has ever been presented than is found in the conduct of liquid carbonic acid, that is, carbon dioxide which has been condensed to liquid form by great pressure. It is well known that carbonic acid can be expelled from its compounds, of which soda and limestone may serve as examples, by the action of almost any other acid,—that is therefore to be considered one of the weakest of mineral acids. Experiments made during 1891 have shown however, that in liquid form, under a pressure of 40 atmospheres and over, carbon dioxide is in turn able to expel many of the so-called stronger acids from their compounds. Silicates for example may in many cases be decomposed and converted into carbonates, the silicic acid being set free. As carbon dioxide is often generated in the earth's crust under pressure, this fact so recently discovered may prove of great importance geologically.

Treatment of Fractures in Children.—Mr. D'Arcy Power states (*Am. Jour. Med. Sc.*) that the treatment of fractures in children, resolves itself into the following common-sense rules: Diagnosticate the fracture as early as possible, and in every case keep the fragments in perfect apposition. After the fragments have been secured, see that the apposition is maintained by exercising careful supervision, and, when necessary, by the readjustment of the retention apparatus. As in cases of adults, so in children, the most successful treatment of fractures depends upon attention to details. In cases where non-union has occurred the prognosis in regard to subsequent union is very bad. In such cases the ends may be resected, and the fracture treated by securing perfect immobility of the bone for a long period. If, however, there has been much wasting of either end, it will, he thinks, be found that resection is useless. In the bones of the upper extremity the resulting fibrous union, judiciously aided by a light artificial support, will occasionally enable the patient to pass his life in tolerable comfort. Under similar circumstances in the lower extremity, however, it will often happen that amputation alone affords the patient relief from his miserable condition.

Abscess of the Lung.—In a consideration of this condition in children (*Arch. Pediat.*) Dr. Francis Huber states that Delafield remarks, "that the inflammatory processes may be so severe in rare cases, and cause such compression of vessels from excessive exudation of fibrin that death of small portions of the lung tissue results. Then necrotic portions become separated from the surrounding lung, which is infiltrated with pus, and in this way abscesses are formed."

Pulmonary abscesses may be the result of causes.	Originating in lungs or pleura.	Pneumonia	Croupous Catarrhal	Complicating measles, whooping-cough, scarlet fever.
		Empyema	Perforating and discharging into the lung.	
		Pulmonary apoplexy. Suppurating bronchial glands.		
	Extraneous to lung or pleura.	Embolism of v. heart or systemic veins producing infarction. Abscesses external to thorax. Abscess of liver. Foreigh bodies in bronchi.		

In children as well as in adults, the process may be met with in the insane.

Lacerated Perineum.—The following editorial appears in the *American Gynecological Journal*:

Text-book authorities state that the statistics as to the frequency of laceration of the perineum are of but little value, as they vary with the skill of the observer—a point certainly worthy of thoughtful consideration. It is somewhat appalling to know that from thirty to thirty-five per cent. of all primiparæ are lacerated, to a greater or less extent, not including slight tears of the fourchette. Such, however, is believed to be the percentage of lacerations actually occurring in the practice of the average physician of ordinary skill and ability.

Schroeder found tears in 34.5 per cent of primiparæ and Olshausen in 21 per cent. Alice MacLean Rose reports, from the Detroit Woman's Hospital, 197 primiparæ confined during a period of four years, of whom sixty-four, or 32.48 per cent, were lacerated. These

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women were attended by recent graduates, with but little practical obstetrical experience, but who would, naturally, give to their patients close attention and all of the skill which they possessed.

It would seem a safe statement to say that at least 30 per cent of all primiparæ are, under ordinary circumstances, lacerated during labor.

The question at once arises as to what proportion of the locerations are avoidable. Olshausen believes that unavoidable lacerations occur in 14 per cent to 15 per cent of all primiparæ, and these figures are generally accepted as correct by most writers.

Summing up: 30 per cent of all primiparæ are lacerated; 15 per cent are unavoidably lacerated; 15 per cent are unnecessarily lacerated. In other words, one-half of all the lacerations occurring in primiparæ are avoidable by the exercise of care and skill, which every physician not only can attain, but also should attain.

The lowest percentage obtained by any obstetrician ought to be the rule for all, as, in so simple a matter, what is one man's ability ought to be every man's ability.

Treatment of Pneumonia by Injections of Turpentine.—According to an exchange M Dieulafoy said that he had tried turpentine injections, as recommended by Prof. Lepine, of Lyons, in a desperate case of pneumonia, with success. The patient, a woman, entered the hospital with double pneumonia; pulse, 150; respiration, 40; expectoration coffee-colored, and general condition almost hopeless. Seeing that there was little to be done, he determined to give a chance to the turpentine, and for that purpose injected subcutaneously a full Pravaz syringe into each of the upper and lower extremities. The injection was very painful, and soon provoked a phlegmonous abscess. Strange to say, from that moment the patient got better. The pus from the abscesses contained no microbe. M. Dieulafoy did not pretend to conclude from this one case the absolute efficacy of the treatment, but he would give it a trial.

Treatment of Tuberculosis With Guaiacol.—In an address delivered before the New York German Medical Society, Prof. Max. Schueller, of Berlin, Germany, spoke at length in commendation of this method (*Ex.*), which was originally introduced by himself to the profession. Guaiacol (a constituent of quaiac-wood, as well as of creasote) arrests the development of cultures from tubercular tissues.

In pulmonary tuberculosis he gives children 2 or 3 drops and adults 3 to 5 drops of pure guaiacol, four times daily, stirred in a glass of salt water, milk, bouillon, and for adults also in wine, etc. Guaiacol, as produced by J. D. Riedel, of Berlin, is a water-clear liquid, relatively easily soluble, of not unpleasant taste and odor, readily borne by all patients.

He prefers this mode of administration to pills or capsules. In many instances he administers by inhalation, employing weak aqueous guaiacol solutions (5: 3000 to 5: 5000), or turpentine with camphor, etc. Favorable results have also been obtained in surgical tuberculosis, so-called scrofulous eczema, lupus, hip joint and Pott's disease.

Edema of Pregnancy.—For the edema attending the latter stage of pregnancy, Dr. E. L. B. Godfrey, of the Cooper Hospital, Camden, N. J., has used the following prescription with satisfactory result (*Medical Bull*):

℞ Potass. bicarb., - - - - ℥iij.
Acidi benzoici, - - - ℥j.
Pilocarpini muriat., - - gr. ij.
Tinct. card. comp., - - - ℥ss.
Aquæ, - - - - q. s. ad ℥iij.
M.
Sig.: A teaspoonful in water every three hours.

Dr. Godfrey claims that he has not had a case of puerperal convulsions since using this prescription. In all cases of edema, especially in primiparæ, he places the patient on diuretic treatment.

Toxicity of Urine.—In an article on hypertrophic cirrhosis of the liver and visceral fibrosis (*Lancet-Clinic*), Dr. Wm. Carson makes the following statements:

1. The toxicity of the urine is increased in atrophic alcoholic cirrhosis, in tuberculosis of the liver (the subacute form of Hanot and Gilbert), in cancer of the liver, in certain forms of chronic jaundice, and sometimes in the biliary hypertrophic cirrhosis of Hanot.

2. The toxicity of the urine is normal or diminished in alcoholic hypertrophic cirrhosis, in the cardiac liver, and in certain periods of the biliary hypertrophic cirrhosis of Hanot.

3. In the infectious forms of jaundice, either the catarrhal or grave form, the toxicity of the urine is normal or diminished during the stationary period.

4. The toxicity of the urine is normal or increased according as the hepatic cell is normal or altered, either in its structure or in its function (leaving out of account all the renal lesions capable of retaining in the blood the poisonous products given up by the liver).

5. The toxicity of the urine ought always to be determined in diseases of the liver; the investigation of the alimentary glycosuria cannot replace this determination.

6. The prognosis is graver whenever the toxicity of the urine is increased; not critical when transitory, but when permanent.

7. In cases where the toxicity of the urine is increased a milk regimen and intestinal antisepsis ought to be rigorously imposed.

Anesthetic Properties of Cocaine.—Dr. A. Bignon (*Bull. gen. Therap.*) draws attention to a few peculiarities of cocaine. In slightly acid solutions the anesthetic property of cocaine is rendered latent, but can easily be brought to its full force by neutralizing the acid with a base. The author states that the maxi-

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mum intensity as an anesthetic is shown when "all the acid is neutralized, the alkaloid cocaine being suspended in a slightly alkaline liquid." A liquid of this kind is prepared by neutralizing the acid with carbonate, not bicarbonate of sodium. 0.05 gm. of one of the salts treated as above has the same anesthetic power as 10 centigrammes of the pure crystalline chlorhydrate of cocaine in solution. This alkaline suspension should be prepared at the time when the cocaine is to be used; it will not keep, as the alkaloid soon collects at the bottom of the vial cannot easily be again suspended.

Treatment of Scabies.—Kaposi recommends the following plan of treatment, which has been successfully carried out for ten years in the Vienna Clinic, in about five hundred patients each year (*Deut. Med. Zeit.*):

℞ Florum sulph.,
Ol. fagi., - - - - aa ℥iv.
Cret. alb. pulv., - - - - ℥j.
Sap. vir.,
Axung. porci., - - - aa ℥j.
M.

Sig. Apply once without previous bath and wrap patient in woollen blanket.

In private practice the patient can put on a suit of tight-fitting wollen underwear and go about. Wool has the advantage over linen that it does not soak up the ointment, but leaves it in contact with the body. A bath is to be taken only after the skin has begun to peel. A bath before the ointment makes the skin unnecessarily liable to irritation.

Interstitial Keratitis with Synovitis of Joint.—Mr. G. C. Thomson writes as follows to the *Br. Med. Jour.*: In the lecture by J. Hutchinson, jr., before the Royal College of Surgeons on syphilitic joint diseases, he mentions that chronic effusion into joints has been generally recognized as a symptom of hereditary syphilis by English surgeons. Although this may be so, I have been unable to find it referred to in any of the leading textbooks. Mr. Clutton, in his paper on the occurrence of interstitial keratitis with effusion into the knee-joint, expressly states that there was very little literature on the subject at the time when his paper appeared (1886). That effusion into the knee-joint may accompany interstitial, or as he called it, scrofulous corneitis, has already been known to Mr. W. Mackenzie, and has since been casually noticed, as by Mr. J. Hutchinson, sen., who in his book on eye and ear diseases in hereditary syphilis, notes two cases where this combination happened. The condition of the joints, and its connection with interstitial keratitis, was first fully described by Professor Foerster of Breslau in 1876, and has since been recognized as a well established clinical fact by all authorities in Germany and France, so much so that it is put as such in most of the leading textbooks for students; for instance, Arlt (1881), Horner (1882), Michel (1884), etc. To mention all the papers which have appeared on the subject between 1876 and 1886 would trespass too much on your valuable space.

Laceration of Vagina During Labor.—Piering has reported a case of the above named complication in a primipara, in *Centralblatt fur Gynækologie* (*Jour. A. M. A.*). The patient, aged 41, in labor at full term, had the head of child delayed at perineum on account of great rigidity of the soft parts. Instrumental delivery appeared not to be necessary, so that it was found expedient to make an incision one inch in length in the tough and inelastic perineal barrier, on right side. During the next pain a gush of blood came from the rectum. The right hand of the fetus, and part of the forearm, came into view through the anus. The arm was replaced at once, and the child was born without additional laceration. The tissues nearest to the tear in the vagina were so badly contused that repair by first intention was out of the question. The incision in the perineum was not the seat of laceration. The uterine cervix was not torn. A thorough disinfection of the vagina was attempted, and iodoform gauze was applied in the form of a plug. On the third day the bowels were moved; no feces came out by way of the vagina. Two hyperpyrexiæ periods were all that marked the patient's convalescence. These disappeared when the torn surfaces were painted with tincture of iodine. The wound healed with a strong and firm cicatrix, which could not be discerned when examining from the rectal aspect.

Herpes Zoster.—V. Valdettaro, in a graduation thesis (Genoa, 1892) relates experiments which show the accuracy of inferences previously made by clinicians regarding the existence of a simple and a septic from of herpes. In the simple form the fluid from the vesicles contained no organism which produced symptoms in animals. When inoculated in gelatine the results were negative. In the other variety, in which the vesicles contained a whitish, thick, purulent discharge, the organisms, which grew in white transparent colonies in agar-agar, produced septic symptoms when inoculated into the cornea of animals. The author regards the sepsis as essentially distinct from zoster, with which it is present as a complication.

Micro-Organism of Typhus.—Lewaschew states (*Deut. Med. Woch.*) that he has found, in blood removed from the spleen or finger in a number of cases of typhus, organisms which he regards as the cause of the disease. In fresh blood these appear as small, round, highly refractile bodies showing active movement. They lie between the corpuscles. Sometimes the organism is oval in shape and provided with a flagellum, or it may be represented by a thread, slightly enlarged at one extremity. These different forms probably represent one and the same microbe. The rise and fall of the disease are accompanied respectively by increase and diminution in the number of these organisms.

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San Francisco Letter.

Editor MEDICAL REVIEW.—The patent medicine man is abroad in the land and his sample distributor is busy getting in his regular spring deadly work, and yet the fool killer doesn't happen his way. Truly we are a for bearing people in California and will risk anything to give everybody "a fair show." Some two weeks ago one of the above patent medicine men was busy in this city leaving samples of his pills at every door; he was followed by the omnipresent small boy who "gathered in" the boxes and promptly swallowed the contents. The pills contained strychnia and within a few hours some half a dozen children were suffering from the poison. Prompt attention was obtained and they all recovered. Last week one of the same ilk was in Santa Barbara and put in a day or two distributing samples of a liniment. Young America, not to be outdone took the liniment, with the result that one boy is dead and two others are dangerously ill, yet these fellows have gone unpunished and still pursue their nefarious work. We find that when we give our small patients medicine the least bit bitter, they look upon us as "bogie men," yet if they feel that they are getting ahead of us they seem ready to down any dose, be it ever so bad.

On the main street in this city, during the last few months I have noticed three large drug stores open, dubbed "No percentage Pharmacy," and claiming to save patients from 50 to 80% on prescriptions. This is an immense saving, if true, and on investigation it was found that they really charged at least 40 to 50% less than the regular drug stores. I also found, to my surprise, that any medicine called for on a prescription was worth on an average 100% more than when asked for by name at the regular places, but this did not hold at these new places although there also the tendency was to raise the price. For instance, I wrote for Mist. Glycyrrhizæ Co. ℥iv, and the patient was charged 90 cents at one of our most prominent stores. The next day I sent a patient to the same place where he asked for 4 ounces of Brown Mist., and paid 40 cents. It was found to be about the same at several places. There is something radically wrong in such a system, and these new stores will certainly prosper. A friend, who is in the business, said: "They charged more for a prescription, because there is supposed to be a certain amount of mystery about it." It seems to me that the sooner the mysterious is dropped out of the practice of medicine the better for the profession, and if we must pretend to the occult, in the name of all the gods at once, don't let us make the poor patient pay higher for that part of it.

Scarlet fever still prevails in the city to a considerable extent, also diphtheria, and the cases are not so mild as in the middle of winter; however, the weather is and has been very damp and gloomy lately and perhaps that accounts for the high mortality among those diseases. There have been two cases of small-pox reported during the last ten days; one from Alameda Co., in a man who went aboard the China steamer in a search for curios; the second is in an Indian village near San Luis Rey. The camp was promptly destroyed and the wickinps burned, the county standing the expense of supplying the Indians with new wigwams in order to stamp out the source of infection and prevent the spread of the disease. S. J. HUNKIN.

Springfield, Ill., Letter.

Editor MEDICAL REVIEW.—The Capital District Medical Society met in Decatur May 5, 1892. Dr. R. C. Matheney, of Springfield, opened the meeting by reading a paper on "The Treatment of Some Familiar Diseases of the Skin," giving five classes as follows: 1, Eczema; 2, Psoriasis; 3, Acne; 4, Neurosis; 5, Miscellaneous.

In treatment of eczema he strongly advocated the use of the diachylon ointment of Hebra, and of the value of resorcin; saying the latter should always be dissolved in alcohol prior to being added to an ointment, as by this means its curative properties were greatly enhanced. About the use of arsenic, he was very emphatic in saying that it should never be used in acute cases, the more chronic the more beneficial is the drug; he said it sometimes caused the very disease you wished to cure. He spoke of the difficulty in distinguishing psoriasis from eczema and mentioned the points of differential diagnosis. The treatment of which he thought was best combatted by a 10% solution of chrysophanic and pyro-gallic acid in traumaticin.

Acute acne he thought called for local treatment only.

Of the treatment of neurosis he didn't advance anything, but left it for discussion.

Dr. Pitner agreed with the classification, and spoke of the necessity and value of attending to elimination of waste material by the kidneys and bowels, especially in children; he combined this with tonic treatment later. He believed in arsenic in chronic cases, and thought the best results were obtained from its combination with iron and strychnine, or nux vomica, but thought arsenic should always be given in small doses.

Dr. Catto thought there were two classes; one in children from overfeeding, which was best treated by limiting the diet. In adults he believed in the use of tar preparations, and the local application of bichloride of mercury, 10 grains to the ounce, and the use of calomel in powder.

Dr. Randall mentioned some cases with intense neuralgia which had baffled all treatment.

Dr. Dixon used Tilden's Co. (iodi. brom. calcium co.), beginning with the minimum and ending with the max-

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imum dose, and the use of Valentine Mott's prescription, viz., lanolin, ℥j; ol. of tobacco, ♏x; hydrargri ammon. chlor, gr. x; also of the value of salicylic acid and salicylate of soda in those where there was much neuralgia.

Dr. Matheny in replying did not essay an attempt at a solution of the treatment of the neuroses and neurotic forms of eczema, but said that thymol in A. C. E. mixture had been highly spoken of.

Salicylate of soda, he said, should always be given with acetate of potash, to increase elimination. For infantile eczema due to teething he advocated the use of a solution of bromide of potassium as a local application to the inflamed jaws; also saying that the French school used a solution of cocaine in a similar way.

Will continue this in my next letter. G. F. S.

Bulloch County, Ga., Medical Society.

Editor MEDICAL REVIEW.—The Bulloch County Medical Society met in the office of the Secretary and was called to order by Dr. A. F. Boyd, President. Interesting talks were made by Drs. E. W. Lane, J. L. Hiers, D. N. Nichols, I. S. L. Miller, A. F. Boyd and others. Drs. W. D. Kenedy, W. D. Wood and A. W. Quattlebaum were admitted to full membership. The following officers were elected for the ensuing year: Drs. A. F. Boyd, President; I. S. L. Miller, Vice-President; J. C. White, Secretary and Treasurer. The Society is in a flourishing condition and doing much good for the profession in Bulloch County.

J. C. WHITE, M.D. Secretary.

Statesboro, Ga., April 25, 1892.

A Question of Priority.

Editor MEDICAL REVIEW.—Please inform me if you consider the article on the "New Scriptures According to Tyndall, Darwin, Etc.," copied in the MEDICAL REVIEW of April 30, 1892, and taken from the *Times and Register*, to be an original production of Dr. Sarah Adele Palmer, who sent it to that journal? I have had it in my scrap-book for more than twenty years.

HENRY C. COOPER, M.D.,

N. Y. University Med. Col., Resident Physician.

May 5, 1892.

Case of Acetanilide Poisoning.

Editor MEDICAL REVIEW.—I was called hurriedly at 7 P.M., February 15, to see Mrs. M., a married lady about 36 years of age, who was supposed to be suffering from an attack of grippe. On arriving I found her in a semi-unconscious state, delirious at times. She had a very feeble pulse, and short, rapid breathing. Her extremities were cold, face and lips cyanotic. She would deliriously call to her watchers to remove the weight from her chest and to give her more air; all the symptoms pointing to cardiac failure. I immediately gave 1-100 tablet of trinitrin hypodermically, and then gave nitrite amyl inhalations; then began giving whisky and digitalis every half-hour. In about an hour consciousness was restored but she still had fainting spells. I continued the whisky and digitalis until morning when she expressed herself as feeling pretty well though quite weak; in a few days she was all right. On inquiry, I learned that the regular family physician had prescribed about noon before I was called in the evening for Mrs. M. for grippe headache, as he called it. He gave her five powders, one of which I secured, it was acetanilide, 11 grains. Mrs. M. had instructions from the doctor to take one of the powders every hour until relieved. She had taken four of them with the result above described. I think that the routine practice among some physicians of giving some coal tar derivative for every pain or ache cannot be too strongly deprecated; I would like to hear from other physicians on amount of acetanilide required to produce poisonous symptoms in their practice. In the above case the patient must have taken about forty grains of the drug in about four hours. I will also add that the pain in the head grew constantly worse. J. W. C.

A Pertinent Question.

Editor MEDICAL REVIEW.—In "Appleton's Medical Library," page 767, the last part of the fourth paragraph, under the head of Neurasthenia, I find the following remarkable lines:

"Hypochondria becomes even the essential factor in those melancholy forms of neurasthenia which so often result from onanism or other sexual abuses. This same element is also probably the main one in the strikingly frequent cases of neurasthenia in physicians."

Does the author of the paragraph mean to say physicians are especially addicted to *onanism* and sexual excesses? He surely does say so.

Indianapolis, Ind. J. A. HOUSER, M.D.

Hypertrichiasis and Mental Derangenent.

—Dr. Andrea Cristani has written a paper on this subject in the *Archivio di Psichiatria*, and an abstract of it appears in the *Neurologisches Centralblatt*. He has investigated 272 cases of insanity in females and a similar number of sane women with reference to the development of hair on various parts of the body, in which it is not found under ordinary circumstances. The insane ranged in age from twenty to eighty years, while the sane were all over sixty-five. He found that hypertrichiasis in the face as well as elsewhere is present much oftener among the insane than among the sane, that it is associated with signs of degeneration, and that it is more frequently present amongst insane patients in whom other signs of degeneration are present than amongst others who do not show degenerative symptoms. He also finds that the hairs are thicker and stiffer, and closely resemble those of the inferior races. The facts elicited are curious and interesting and they are not easily explainable.

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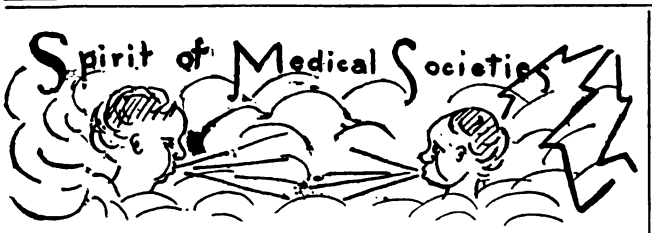

St. Louis Medical Society.

A stated meeting of the St. Louis Medical Society was held Saturday night, May 14, Dr. A. D. Williams in the chair.

There were no reports from the committees.

The names of Drs. S. Joseph and H. H. Born were presented for membership and referred to the committee on elections.

Dr. Lutz presented a specimen of an abdominal tumor that he had removed, post mortem, from a case on which he had performed an explorative laparotomy, and which sustained his diagnosis and the difficulty of positively determining the location of tumors where so many were liable to occur.

Dr. Marks presented the brain of the patient who had sarcoma of the dura mater, who was shown to the society some time ago by Dr. Broome.

Dr. H. W. Loeb exhibited his improved galvano-cautery snare and demonstrated its superiority over others. Showing how, by its construction, it could be made thoroughly aseptic.

Dr. Broome presented the specimen of the brain and the portion of the skull through which the bullet had passed of the now much talked-of Frank Tesson. He first read the general history of the case as furnished by the hospital records. The bullet had entered the cranium about one inch from the median line, on the right side, and one inch above the supra-orbital ridge, passing backward and downward it was found encapsulated in the body of the corpus striatum of the same side; during dressing of the wound no special pain was felt save when deep injections were made—then the patient suffered. Attention was called to the fact that the patient had walked over a mile after his injury and that no paralysis showed until twelve days later, and that the patient lived for forty-eight days. The specimen showed that by adhesions the tract of the bullet was virtually aseptic. He believed it to be a remarkable example of cerebral tolerance.

Dr. Barclay questioned the tolerance, as the autopsy had taken place and the brain was before the society.

Dr. Fry prefaced his remarks by an illustration of the interior arrangement of the cerebrum, demonstrating the internal capsule, and especially referring to the fact that injuries to the frontal lobe were not necessarily followed by distinctive symptoms.

Dr. Shaw agreed with Dr. Fry, and thought the phenomenon of paralysis showing so late arose from the fact that although the nerves were not directly injured, yet the inflammation gradually enlarging and involving other tissues including them. The photographs of the case were spledid.

Dr. Dudley reported a somewhat similar case, the patient recovering and not dying until he had served over a year in the penitentiary; it being a case of attempted murder and suicide.

Dr. Prewitt recollected the case, and although there were no objective symptoms during life, at the post-mortem a large abscess cavity was found in the left frontal lobe.

Manual Rectification of Occipito-Posterior Positions.—Dr. Egbert H. Grandin read a paper on this subject before the New York Academy of Medicine (*Medical Record*). He stated that he disclaimed dogmatism and aimed purely at suggesting recourse to a procedure which it was his conviction would alter the prognosis of, and lessen the dangers attendant upon, persistent oblique or sacro-rotated occipito-posterior positions. He freely granted that the large proportion of cases rotated anteriorly as soon as the occiput reached the pelvic floor, although even here it was at the expense of a tedious labor, and often also at the expense of the integrity of the pelvic floor. A minority of these cases did not engage, although the first stage had been somewhat prolonged and the uterus was becoming exhausted. Here the obstetrician should examine the pelvic brim with the entire hand, and finding the cause of lack of engagement to be—as he usually would—a posterior extended occiput, it seemed advisable, while the conditions were favorable, to rotate manually the fetus anteriorly. This practice was certainly preferable to instrumentation to the pelvic cavity in the presence of uterine inertia (possibly), or fetal exhaustion (possibly), or worse still, a sacral position of the occiput. This argument was simply in line with the improving aim of obstetrics as an art—an aim which justified the deliberate election of each and every obstetric procedure at the most favorable time from the standpoint of both the woman and the fetus. The clean, educated obstetric hand at the pelvic brim was a source of no danger to the woman, but rather one of positive safety, compared with the alternative to its use, this alternative being possible instrumentation after a tedious first stage of labor, in the presence of a protracted second stage, and with a fetus held in the vice of a tetanized uterus. The procedure which he advocated was not radical, but simply preservative and conservative. In the instances in which the maneuver failed, he thought the reason lay in the fact that the accoucheur rotated the head alone and not the entire fetus.

American Dermatological Association.—The American Dermatological Association, from Cushing's Island, Portland Harbor, will hold its next annual meeting at the Pequot House, New London, Conn., instead of Cushing's Island, as previously announced.

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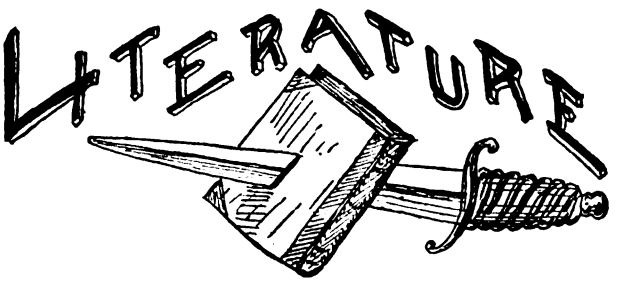


Diseases of the Nervous System. By JEROME K. BAUDUY, M.D., LL.D. Second Edition. 8vo., pp. 352. [Philadelphia: J. B. Lippincott Company. 1892.

This is the first volume of a work which will be eagerly read not only by former pupils of the author, but by all those interested in the subject of nervous and mental diseases. The first edition of Dr. Bauduy's work was exhausted several years ago and, at the solicitation of numerous friends, he has undertaken the present which is certainly more elaborate and comprehensive than the former. All anatomical and physiological detail has been judiciously omitted thus giving more space to the purely neurological subjects.

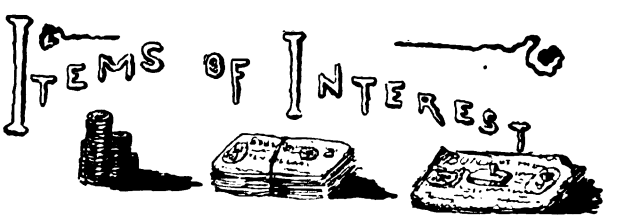
A comparison of this volume with the author's former work will readily disclose the improvement in the latter thus bearing ample evidence to the fact that a larger experience and more extended observation have been put to the best possible use and have been subjected to pro found thought by an expert in the consideration of matters of this kind.

In the volume before us we have presented to us nineteen lectures dealing with diseases of the brain and its meninges. By far the most interesting portion as well as the most important is that dealing with insanity and its various phases. He deals with expert testimony in respect to this condition and lays down sound rules for the general guidance of those who are called upon to testify in courts as to the presence or absence of insanity. He very judiciously avoids giving a definition of insanity, quoting largely, however, from other authors in connection with the subject.

The work throughout evinces the fact that great care has been taken in its writing. Disputed questions are discussed in an impartial manner. The views of the most eminent neurologists and alienists are presented, weighed, compared, and the reader left to draw a conclusion from the evidence presented. The various forms of insanity are considered as well as the different methods of treatment applicable to varied states. A comparison is established between home and asylum treatment.

In regard to idiocy and imbecility the author speaks quite summarily. He reports two successful cases of linear craniotomy with mental improvement, which occurred in his practice.

The whole first volume before us is one of the greatest value to the physician and the matter is presented in such an entertaining manner as to be fascinating. In addition, the information given is so large and varied that we await the appearance of the second volume of the work with impatience.



Note the Pupil in chloroform anesthesia. When the pupil dilates, the cardiac respiratory centers are beginning to be inhibited.

The Odor of Iodoform can be removed from the hands and other parts, it is asserted, by washing thoroughly with linseed-meal water.

An Intestinal Tonsil.—Clado, in a monograph on the "Appendix Vermiformis," states that it functions as a gland, not an absorbing organ, and may be considered an intestinal tonsil.

A Keeley Suicide.—Frank V. Kratky, real estate dealer from Wahoo, Neb., who has been taking treatment at the bichloride of gold cure institute at Blair, since April 14, committed suicide by throwing himself in front of the Black Hills' passenger train on the Elkhorn. His body was horribly mangled.

New Homeopathic College.—Kentucky will present the country with the next new homeopathic medical college. It will be located at Louisville. Dr. C. P. Meredith, of Eminence, is Dean of the faculty, and Dr. Allison Clokey, of Louisville, is Secretary. The name will be the "Kentucky Homeopathic College and Hospital."

Illinois Army and Navy Medical Association.—Annual meeting will be held at Vandalia, May 19-20, 1892.

Officers.—President, John H. Rauch, Chicago; First Vice-President, Henry W. Kendall, Quincy; Second Vice President, Robert Roshoten, Peoria; Third Vice-President, Archibald Agnew, Samoth; Fourth Vice-President, Edmund Andrews, Chicago; Fifth Vice-President, A. C. Pickett, Mattoon; Secretary, Edward P. Bartlett, Springfield; Treasurer, W. J. Chenowith, Decatur.

A Bore-Bell.—A Cincinnati physician has a secret office-bell, so says *Annals of Hygiene*, which he calls a "bore-bell," and he says it is a great thing (*Ex.*). When he is tackled by a bore, or when his lady visitors insist upon giving him the history of all their relatives and their ills, the doctor's foot suddenly touches a spring, which rings the "bore-bell," and in rushes a messenger with an important message or telegram. The visitor's tedious tale is interrupted, and she or he leaves the office because the doctor is so busy you know. The same message or telegram can be used a great many times, and the doctor's callers never suspect anything.

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Dr. John Van Bibber, a well-known physician, of Baltimore, died recently at the age of 42.

Keeley's Cure has been formally denounced by the Hampden District Medical Society, which recently held a meeting in Springfield, Mass.

Prince Johann Liechtenstein has given 2,000 florins toward the building of a house for the Imperial Royal Society of Physicians of Vienna.

The Municipal Authorities, of Berlin, have declined a proposal of the German Homeopathic Society relative to the building of a public hospital for the treatment of patients on homeopathic principles.

Good Advice.—A cotemporary remarks: To our brethren of Ohio, who have been so badly treated by their Legislature, the *Med. Rec.* tenders the advice: "Talk little, and look out for a 'pull.'" What New Yorkers do not know about the ways of politics is not worth mentioning. Gained by experience, this advice, is based upon "solid rock."

French Naval Surgeons and Civil Practice.—The civilian medical practioners in some of the French Ports having complained that their preserves were not infrequently poached on by their brethren of the navy a circular has been addressed by the vice admirals who are the "marine prefects" of the French ports to the medical officers of the navy, reminding them that any professional attendance that they may give to the civil population must be of an entirely gratuitous nature.

A Foolish Medical Student.—For a medical student to be charged with assault and then remanded for the state of his mind to be inquired into, is doubtless a veritable disaster, but that comes or came, in the case of Mr. Francisco d'Ancar, of London, of threatening to "stick" a rowdy carpenter with a sickle-shaped knife. Mr. d'Ancar is either a very easily frightened, or a very irascible young man, unless indeed he is suffering from a mania of persecution. Moral:—In nations truly wise the fist is mightier than the knife.

Rapid Generation.—A physician, of Minneapolis, Minn., writes to the *Medical Record*: "On Oct. 4, 1885, I attended a lady at the birth of her first child, and on July 19, 1886, I again attended her in her second confinement, just nine months and fifteen days between the birth of the children, both born at full time and well developed. She was a Scotch lady and had come to this city only a few weeks before her first child was born. Can any of the readers of the *Medical Record* equal this?"—We doubt if they can! Answers the editor.—We would suggest that all the cheerful liars are not dead yet, and there are a good many left to hear from.

Dr. Philip Biedert, of Hagenau, has been appointed Professor of Children's Diseases in the University of Graz. The honor is all the more remarkable since Dr. Biedert, though the author of well-known works on the feeding of infants and cognate subjects, has hitherto been a general practitioner quite outside the academic "path of glory" which leads to the professorial chair.

The Same Woman.—She is the same woman you have had to deal with in your professional career, dear doctor (*Gleaner*). Has the same begabled frame, the same hooked beak, the same thin, neutral tinted lips, the same parchmental skin, the same supra-lateral nasal mole, the same hammer dressed saw-file voice, the same fearful masculo-feminine vesicatory tout ensemble. She first recited all her domestic troubles to me, slashing the closet skeleton across my consciousness with confidential abandon. Then commencing at the periphery of her life-cycle, she enumerated all her ailments, from teething down to the development of her last wrinkle. After asking me "what is good for liver-grow'd babies;" "what's the best thing fur seedlin' warts," "whether stone-bruises often come on the chin," "what is good for neuralgia of the nerves," "whether worms is ketchin, or not," etc., she came to the point and wanted me to prescribe, under her dictation, a remedy for her "indispepsy."

Pan-American Medical Congress.—The following are the members of the Auxiliary Committee and Secretaries of Sections appointed from the West India Islands of different nationalities: Danish West Indies.—Member of International Auxiliary Committee, Dr. P. Mortensen, St. Thomas; Secretaries of Sections, Dr. Erichson, St. Thomas; Dr. Kalmer, Santa Cruz. Dutch West Indies.—Member of Foreign Auxiliary Committee, Dr. J. J. Lenior, Curacao; Secretaries of Sections, Dr. C. Van Romondt, St. Martins; Dr. A. D. Jesurun, Curacao. French West Indies.—Member of Foreign Auxiliary Committee, Dr. Arnaud, Martinique. St. Kitts and Nevis.—Member of Foreign Auxiliary Committee, Dr. W. J. Branch, St. Kitts; Secretaries of Sections, Dr. A. P. Boon, St. Kitts; Dr. G. H. Mapleton, St. Kitts. Leeward Islands.—Member of Foreign Auxiliary Committee, Dr. A. G. McHattie; Secretaries of Sections, Dr. G. E. Pierez, Dr. A. E. Edwards, Antigua; Dr. P. Numa Rat, Domenica. Barbadoes.—Vice President, Dr. Thomas Bowen; Member of Foreign Auxiliary Committee, Dr. Gaskin; Secretaries of Sections, Dr. C. E. Gooding, Dr. Cuthbert Bowen. Trinidad.—Vice-President, Surgeon-General S. L. Crane; Member of Foreign Executive Committee, Dr. J. A. DeWolf; Member of Foreign Auxiliary Committee, Dr. F. G. C. Damien; Secretaries of Sections, Dr. Beaven N. Rake, Dr. E. J. Read, Port-of-Spain; Dr. John Tulloch, Tobago. Jamaica.—Member of Foreign Auxiliary Committee, Dr. Da Costa.

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Dr. J. M. Keating has resigned the editorship of the *Climatologist.*

Eight Lepers are, at present, sojourning at l'Hopital St. Louis, at Paris.

Cholera is announced to be spreading in the Punjab. Many fresh cases have appeared since the return of the pilgrims from Hurdwar, where they were disbanded owing to a virulent outcreak of the disease.

The Balance Sheet of the British Medical Association shows that the total of assets over liabilities on Dec. 31, 1891 was £45,195, s3, d11, or nearly $226,000. Rather a good showing and a marked evidence of financial prosperity.

The American Pediatric Society held its fourth annual meeting at Boston recently. The following officers were elected for the ensuing year: President, A. D. Blackader, M.D., Montreal; First Vice President, J. M. Keating, M.D., Colorado Springs; Second Vice-President, C. W. Earle, M.D., Chicago, Illinois; Secretary, S. S. Adams, M.D., Washington, D.C.; Recorder, William P. Watson, M.D., Jersey City; Treasurer, C. W. Townsend, M.D., Boston; Member of Council, T. M. Rotch, M.D., Boston. The society adjourned subject to the call of the Secretary.

A Doctor Dines His Patients.—According to an exchange, the Philadelphia *Public Ledger* stated recently that a novel champagne dinner was given by Dr. A. K. Minich, to four old gentlemen, whose ages aggregated 313 years. They had all been stricken with pneumonia at the same time, and Dr. Minich was their attending physician. None of them had ever met before, but they all enjoyed themselves hugely. The doctor decided to give the dinner to these patients on account of the rarity of recovery from pneumonia in the cases of persons of such advanced years. Their respective ages were 92, 79, 74, and 68 years.

Nurses for India.—The success of Lady Dufferin's fund for supplying trained medical aid for the women of India induces Surgeon Colonel Butler Hamilton, on the basis of his long experience in India, to join in an earnest appeal which is being publicly made for the supply of trained nurses for the European and native population. The Government of India has met this want lately in the military hospitals with the greatest advantage for the military hospitals. Nowhere is trained nursing more needed than in India, but Surgeon-Colonel Hamilton is of opinion that the only way to provide "nurses for the English in India" is to raise a national subscription, and establish nurses' homes in central places each under charge of a native, and from which nurses could be obtained on application. The upper class of civilians and traders in India might join with friends at home for the purpose.

Dr. Keeley Denouncced.—We read in dispatches from New York that another reputable physician has denounced the Keeley cure. Dr. Wilbur F. Jackson of Brooklyn, after nearly dying of the treatment, says he has discovered the formula, and that its administration is "next door to murder." Dr. Jackson experimented on himself to his own hurt and declares that he won a wager off the physician in charge at White Plains by naming the formula.

There is no bichloride of gold in it, he declares. The principal ingredients, he claims, are strychnia and atropine. The atropine is especially calculated to bring about insanity, and Dr. Jackson says that it leaves a patient with a longing for something, he knows not what, simply because atropine is not a well-known drug. In other words, treatment at White Plains, or at Dwight, brings on the Keeley habit, which is worse even than the liquor habit. Besides the atropine and strychnia already mentioned the Keeley liquid contains caffeine, codeia and sometimes cocaine."

American Medical Association.—Transportation.—The Western Passenger Association has authorized a rate of one and one third fare on the certificate plan, from points within the Association, on account of the American Medical Association, which meets at Detroit, June 7 to 11.

The Wabash will offer three different routes to those travelling over it, thus offering an advantage which can hardly be secured over any other line. Those going to Detroit via the Wabash can go by any one of the routes and return by another. We are credibly informed that a lay-over of twelve hours will be granted to the members of the American Medical Association, if they desire to remain in Chicago for that length of time. The Wabash makes the fastest time of any road.

The Illinois Central is preparing itself to transport quite a large number of the professiou to Detroit. It has a large territory to draw from and its connecting facilities are of a superior character. Every means in the power of the officials will be made use of to make travelling over this line both pleasent and rapid. All the comforts of modern railway travel will be provided and sleepers run for the especial accommodation of the delegates.

The Chicago and Alton will, no doubt, secure a large contingent, as all the the probabilities point to a numerous delegation bound for the Detroit meeting. It is unnecessary for us to call attention to the facilities and accommodations offered by this road. It is so well-known that such is unnecessary.

In fact, there are so many first-class roads with equally good connections centering in Detroit that the prospective visitor to the meeting of the National Association will be hampered in his choice by an embarassment of riches only.

The Michigan and the Central Traffic Association have authorized a rate of a single fare for the round trip to Detroit in their respective territories.

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The Dean of the Medical Faculty of Berlin is ninety-three years old.

A Section of Railway Surgery is proposed for the American Medical Association. It looks somewhat like a wheel within a wheel, but perhaps it is necessary.

Detroit is wrestling with the question of the best methods of disposing of its garbage. After former experiments in cremating it, other methods are likely to be selected.

Reassuring.—For ten years physicians have led the list of suicides. From this it would seem that an efficient method of exterminating fools would be to induce them to join the medical profession in order that they might kill themselves. But, they should be prevented from killing others, in the meantime.

Hugging Societies.—According to the *Doctor's Weekly*, in St. Louis they have introduced hugging societies to swell the Hospital Fund with the following scale of prices: Girls under sixteen, 15 cents for a hug of two minutes or 10 cents for a short squeeze; from sixteen to twenty, 50 cents; from twenty to twenty-five, 75 cents; school-marms, 8 cents; another man's wife, $1; widows, according to looks, from 10 cents to $3; old maids, 3 cents apiece, or two for a nickel, and not any limit of time. Preachers are not charged. Dr. Bransford Lewis and other medical editors pay in advertisements, but are not allowed to participate until every body else has gotten through, and even then they are not allowed to squeeze anything but old maids and school marms.

We are thankful that we are married.

Antiseptic Surgery is thus commented on by Dr. E. B. Ward (*Am. Lancet*): I don't know that a man ought to be slaughtered because he neglects antiseptic surgery in the woods. In the few cases of surgery in the woods. In the few cases of surgery which have passed through my hands, I have succeeded tolerably well without it. The speediest recovery I ever saw was in a case of amputation which I performed, in the upper third of the fore arm, made with nothing but clean instruments and cold water, the wound healing in six days without any suppuration or other unpleasant results. In amputations of the breast I havs had them heal in less time. I know of a case of removal of a small tumor from the face by the late Moses Gunn (who, I am proud to say was my surgical wet-nurse long before antisepsis was bruited), where the wound healed in twenty-four hours. These unions by first intention may, and probably do, take place with antisepsis. They do so very readily without, we know, and still there is small doubt that Sir Joseph Lister conferred a boon upon hospital surgery, at least, of incalculable value.

Detroit College of Medicine.—Several important and extensive alterations are in progress which will render the college thoroughly capable of accommodating the departments of dentistry and veterinary medicine. The college appears to be in a regularly healthy condition financially and otherwise.

Biographies of Eminent Physicians.—We find the following in the *National Medical Review*: We have an announcement of the publication, in the near future, of a biography of eminent American physicians and surgeons. The work will be sold by subscription and the edition will be limited to five or ten thousand according to orders received. The price of the book will be from $8.00 to $10.00, according to style. We are told that all who wish it must subscribe early. Now we do not like this sort of thing and we cannot understand how the profession can give it support. There is always a faint suspicion lingering around such an enterprise that something besides professional "eminence" is necessary to secure an illustrated biography of one's self. Besides this, it is absolutely impossible to give anything like a complete list of the "eminent" men in the profession. For instance, in this city alone we can furnish at least twenty names as truly "eminent" as any in America. Yet how many of these will be in this proposed work? But more than this: the twenty names we might furnish would not be the same twenty others would mention. Therefore, the result would be unsatisfactory. No one book; no one author; no one firm can approach in completeness such a work. Yet the book will sell and there will be money in it.

Prescriptions.—Dr. G. A. Williams says (*Phys. and Surg.*): We once knew a gentleman who got a pass to a theatre from one of his theatrical friends, and on going to the play in the evening some one remarked that the pass looked very much like a doctor's prescription, and suggested trying it They stopped at a drug store and the clerk, after giving the paper a casual glance, took down some bottles and prepared to make up the prescription. The gentleman, however, excused himself and said he was in a hurry and would return later in the evening for the medicine. It is needless to dwell upon the abominable writing of medical men, for some of them are entirely irreclaimable and past redemption. As the old saying goes, "A straw best shows how the mind blows," and when we see a prescription neatly and carefully writren it is an indication that the physician is competent and well educated, but when the writing is poor and incorrect, of course the indications are to the contrary, and we are liable to suppose that the writer is illiterate and unscientific. To speak of some common errors in this way: Observe that the abbreviation of pilula is pil., not pill.; gtt. for drops, not gtts., as there is no "s," the word being gutta in the singular and guttæ in the plural. The same with grains, the abbreviation is gr., not grs., the singular being granum and the plural grana.

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That Fish is especially a brain food is no more true than that frog's legs should always be eaten before going to a hop.

The Saginaw Hospital, hitherto conducted by the ladies of the city, has been transferred to the Episcopal church, and will henceforth be known as the Good Samaritan Hospital.

The Grady Hospital has been formally thrown open to patients at Atlanta. Ga. This is the first public hospital this city has had. It was built at a cost of $90,000, the money being obtained by private subscrip tions.

Professor Seitz, of Munich, died recently, aged eighty. He was a medical writer of high repute, and of the founders of the *Munich Medical Weekly.* A considerable number of his writings treat of epidemic diseases.

Lorentz, of Leipsic, Germany, has begun the publication of a monthly called the *Medizinische Novitaten,* which is to contain notes of treatment, a bibliographical list, and the titles of the most important articles as they appear in medical liturature.

The Michigan surgical and pathological society recently held a meeting in Detroit at which the following officers were elected: President, L. E. Maire, M.D.; vice-president, Wm. J. Hamlen, M. D.; secretary, F. S. Hough, M.D.; treasurer, James Newell, M.D., curators, C. B. Storrs, M.D., and J. F. McPherson, M. D.

New Dental Sign.—Not a hundred miles from Brixton Station, England, is to be seen the announcement, immediately under Dr.———, surgeon, physician, apothecary, etc.—

TOOTH GOT OUT
ONE SHILLING
WHILE YOU WAIT.

Could not the learned doctor devise some means by which heads could be left in the morning and called for at night?—thus demonstrating the saying of "losing one's head," says the *Chemist and Druggist.*

"For Saile"—A Mad Stone.—The following letter directed to "Medical College, Atlanta, Ga.," has been placed in our hands (Atlanta *Med. and Surg. Jour.*) and is well worthy of publication. We wish it could be printed *facsimile*:

——— ——— Ky. JULY 10 91.

JENTS—will say i Have in my care a Rock that weighs 6¼ oz. And so posed to Be a Mad stone. And if it should Prove to Be one could it Be disposed of, in that cownty, as i learn that there is Mad dogs in that cownty give me the descriptions of a Mad Stone, and when this is tested should it prove to Be one if you or any one Else wants to purchase this is for Saile

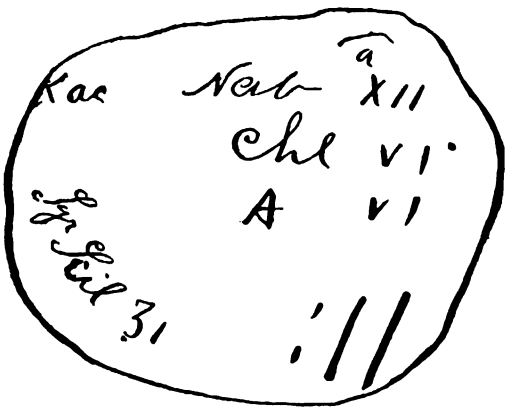
Yors, ——— ———

Dr. James B. Wilson, one of the best known men in Southern Iowa, died May 7, of heart disease, in Creston, Iowa, at the age of 55. He was born in Massachusetts and settled in Creston about twenty years ago.

Dr. B. Merrill Ricketts, of Cincinnati, seems to be as warm an advocate of circumcision as Dr. Remondino, says an exchange. He circumcises for hygienic reasons, first; also for chancre, chancroids, masturbation, impotence, hip joint disease, general nervousness, etc. He also makes it a rule to remove the prepuce in every case of gonorrhea he treats. This is indeed *circoncision a outrance.*

Struck Oil.—Dr. D. M. Bye is the discoverer of a method of "curing cancer, tumors, eczema, catarrh and all forms of malignant diseases by the use of oil." The method of treatment consists of anointing or injecting this balmy oil into the afflicted part. Dr. Bye at present has his office in the Portsmouth Building, Kansas Citr, Kas. A syndicate has been formed in Kansas City, Mo., to exploit the "method."

Peculiar Prescription.—The following illustration is a reproduction of a prescription written by a



physician of New York State on the blank of a well-known pharmacist, says the *Pharmaceutical Record.* We confess our inability to decipher it.

American Medical College Association.—The Third annual session of the Association of American Medical Colleges will convene at the building of the Detroit College of Medicine, at 3 o'clock P. M., Wednesday, June 8, 1891. Dr. N. S. Davis, President of the Association, will read a paper upon the following named subject, to-wit: To what extent should clinical instruction be afforded the student of Medicine in regular course? Another paper will be read by Prof. V. C. Vaughan, of the University of Michigan, as follows: To what extent should laboratory instruction be afforded the student of Medicine in regular course? The discussion upon the papers will be opened by parties selected by the authors, and continued by the delegates in extenso.

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Wanted a Gold Cure.—The following appears in the St. Louis *Republic:* An aged darkey called at the Keeley Cure Institute a few days ago. "You are not a drunkard, are you, uncle?" said the doctor, in some surprise scanning the tidy-looking old fellow. "No sah, I nebber tooked no mo' old Kentuck then would make me feel good, but I'se tired of bein' po' so long, an' I thought mebbe you'd give an ole man a few of dem gold shots, so I'd feel richer, an' den (lowering his voice) I's goin' to be a deacon ob de church, an' I wants to get rid of dis yer chicken habit."

Canadian Military Medical Association.—It is proposed to form an association of medical officers of the militia of Canada, having the following objects:

1. The bringing of medical officers in closer personal relation, and the development of a departmental *esprit de corps.*

2. For discussion of matters relating to the medical department of the militia.

3. For the discussion of military matters from a medical point of view.

4. For reading of papers on military medicine and surgery, hygiene, and equipment.

A meeting for organization was held in the Canadian Military Institute May 9, last, at 8 P. M.

Don'ts for Druggists.—The following appears in Meyer Bro's *Druggist*, and purports to be written by H. Keehole:

Don't spit in the mortar to soften a pill mass.

Don't use alcohol to make a solution of borax.

Don't use asafetida to perfume prepared chalk.

Don't bite the corks to make them fit the bottle.

Don't wipe the horn spoon on your shirt when a towel is not handy.

Don't test the quality of a tooth brush on your teeth in making a sale.

Don't insist that iodoform is a delicious odor if your customers don't like it.

Don't use counterfeit coin to make lunar caustic—the acid knows the difference.

Don't try to make alcohol and oil of sweet almonds stay mixed—old Liebig couldn't do it.

Don't delay filling a telephone order for five postage stamps to be sent six blocks to a residence.

Don't forget to wrap your stocking around the clapper of the night bell if you want to enjoy the sweet repose of the just.

Don't show any displeasure when some all-night saloon-keeper rings you out of bed on a cold night to telephone for a keg of beer from a brewery.

Don't fail to scrupulously follow the order on a prescription—when the doctor orders five or six grains of dry powder in a pill and orders you to make the pills small—have a hydraulic press handy to compress them to one third the size.

Neuralgia.—The following is said to be valuable in obstinate neuralgia (*New Idea*):

℞ Acetanilide,
Bisulphate of quinine, - - aa gr.j.
Cocaine hydrochlorate, - gr.$^{1}/_{16}$.
M.

Make into one pill. Dose, one pill every hour, or as indicated.

Locomotor Ataxia.—The following appears in the Atlanta *Med. and Surg. Jour.*:

℞ Iod. pot., - - - - - ℥jss.
Bichlor. merc., - - - gr.jss.
Tr. gentian, - - - - ℥ij.
Water, - - - - ℥iv.
M.

Sig. Teaspoonful in one-half glass water after meals.

Gleet.—The following formula is strongly recommended by a writer in the *Medical Brief:*

℞ Benzoic acid, - - - - ℥ij.
Pot. bicarbonate, - - - ℥iv.
Spirit of nitrous ether,
Camphorated tinc. opium, - - aa ℥j.
Solution citrate of potash, - ℥iv.
Simple syrup, q. s. to make, - ℥viij.
M.

Sig. Two ounces in water every four hours.

Rheumatism.—The following prescription is a good combination in rheumatism. I have tested it personally, and know whereof I speak, says Dr. Conger, in *N. E. Med. Monthly*:

℞ Pot. iodide, - - - - ℥ijss.
Tr. cimicifuga, - - - - ℥jss.
Vin. colch. sem., - - - ℥j.
Fl. ext. henbane, - - - ℥ss.
Simple syrup, - - - ℥v.
M.

Sig. Teaspoonful well diluted with water every four hours.

Mistura pro Delirio.—(Bell. Hosp.) "D. T. Mixture" (*Prescription*):

℞ Potassii bromidi, - - - - ℥j.
Chloral, - - - - - - ℥iv.
Tinct. digitalis,
Tinct. capsici,
Tinct. zingiberis,
Spir. ammoniæ arom.,
Syr. aurantii cort., - - - aa ℥j.
Aquæ, - - - q. s. ad ℥viij.

Dissolve and mix. Dose: A tablespoonful.

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A Wrong Diagnosis.—"You are evidently worried over business matters," diagnosed a young physician, "What you need is peace of mind," "My dear sir," replied the patient, "I get a piece of mind every day."

A Bad Case.—Miss Luendi (bursting into the doctor's offic)—"Doctor, doctor, you must come down to the house at once!"

Doctor.—"Why what's the matter? Who's sick?"

Miss Luendi.—"I am. But, as there was no one to send, I came myself"

Young Doctor (who arrived before the Aged Æsculapius, who is considered a "pow'ful fine physicianer"): "I believe, Doctor, our patient is convalescent this morning."

A. A.—"Tut, tut, young man, that's nothing, I have saw 'em convalescent and then get well."

Buxom Widow (at evening party).—"Do you understand the language of flowers, Dr. Crusty?"

Dr. Crusty (an old bachelor)—"No, ma'am."

Buxom Widow.—"You don't know if yellow means jealousy?"

Dr. Crusty.—"No, ma'am. Yellow means biliousness."

Bates.—I never thought such a big fellow as Bagley would die of consumption.

Yates.—He wouldn't either if he hadn't been such a fool.

Bates.—How was he a fool?

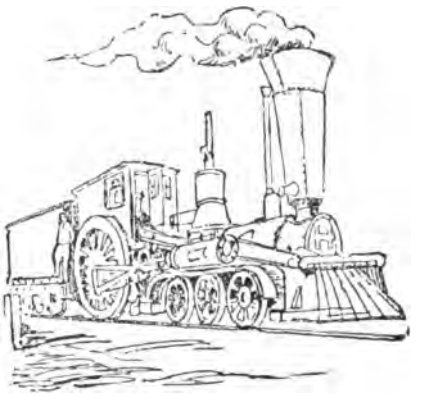
Yates.—He lived up to the Weather Bureau's "local forecast."

A Serious Case.—According to the *Medical Herald*, a lady from the rural districts took her daughter to town, and after consulting a number of professors respecting her musical abilities, returned home very much discouraged, and reported to her husband the result of her expedition as follows:

"The first professor said that Almira sings too much with her borax. If she keeps on, she will get digestion of the lungs. He said she ought to try the abominable breathing and practice solfudgery. Then the next teacher told me she ought to sing with her diagram, and not smother her voice in the sarcophagus. Then the next he poked a looking glass down her throat and said the phalanx was too small, and the typhoid bone and the polyglottis were in a bad way; and I never knew that Almira had so many things down her throat, and I'm afraid to let her sing any more, for fear it will kill the poor girl.

The Celebration of the completion of the bridge across the Mississippi river at Memphis, Tenn., occured May 12 (*Railway Age.*). Some idea of the size of this structure may be gained from the statement that the length of the bridge and the approaches fram the Arkansas side to the landing on the Tennessee side is 3 miles. The length of the bridge proper is ¾ mile, while the length of the longest span, which is said to be the third longest in the world, is 794 feet. There are five spans in the bridge, and there were required in its construction 9,000 tons of steel. The Kansas City Fort Scott & Memphis Railroad company built it and are said to have expended on it $3,000,000.

A Curious Engine.—The illustration, of this odd looking machine which was considered fast forty-four years ago, given herewith is a reproduction of an



early Talbotype, said to have been taken in 1848, and which represents a locomotive built at the Norris Works for the Camden and Amboy Railroad.

The Mississippi Valley Route (L., N. O. & T. Railway) is the popular line between Memphis, Natchez, Baton Rouge and New Orleans. The rice and sugar plantations, and great massive sugar houses and refineries south of Baton Rouge are especially interesting, and never fail to please the observant passenger. Between Memphis and Vicksburg the line passes through some of the finest cotton plantations in the Yazoo-Mississippi Delta, the most fertile agricultural section of the country on earth. Seven hundred thousand acres of the finest agricultural land for sale on easy terms. Round trip winter tourists' tickets to California and Mexico tourist resorts are on sale the year around. For time tables, map folders, and price of tickets, address L. F. Day, Traffic Manager, or P. R. Rogers, General Passenger Agent, Memphis, Tenn.

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MEDICAL REVIEW.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

Entered at the St. Louis Postoffice as Second-class Matter.

A Reform Needed.

The business management of a medical journal is certainly one of the most important features connected with it, and the success of a publication depends, in a great measure, upon the efforts of the business manager. We have been forcibly struck with the truth of this proposition by an examination of the balance sheet of the *British Medical Journal* which was recently published. It shows that the official journal of the British Medical Association has an enormous advertising patronage, and its circulation is simply immense. Outside of the members it has a circulation much larger than many journals would be proud to claim. Its profits are prodigious despite the fact that the expenditures are so large.

Now let us look at the organ for the American Medical Association and note the contrast. The circulation is now and always has been almost entirely restricted to the members. It furnishes but a small amount of reading matter of very ordinary quality as compared with the journal referred to. The advertising pages are quite few in number. The profession at large has a right to expect a journal that is worthy of the Association of which it is the official organ and literary work which is above the average of that published in journals of less pretensions.

It is on account of this lack of what is demanded in the way of reading matter that the support of advertisers has been so weak; the revenue accruing from the latter has greatly diminished of late, if we are to believe accounts. The prices have been tripled without a corresponding increase in the circulation. This alone has given general dissatisfaction to the advertisers, many of whom would discontinue their patronage at once were it not from the fact that they do not want to appear to such an influential body as the members of the American Medical Association as not giving the official organ their support; at the same time, they realize they are expending money under protest for which they do not get value received.

The old idea and plan of moving the *Journal* East is being agitated by some of the managers now in office. We cannot possibly see why the *Journal* should be moved East any more than that its business should be placed under the absolute control of some firm of advertising agents. It is a well-known fact that there are rings and combinations in the Association composed of men who are as unscrupulous in their methods as they are keen in their plans of self-aggrandizement and greedy in their efforts to secure money by any and all means. The members of the Association have been hoodwinked to a large extent. They are not good financiers and they have been subjected to the pleasant intricacies of balance sheets in which the figures were juggled in a manner sufficiently adept to entirely befog them in regard to the true condition of the financial state of the *Journal*.

We have no axes to grind, but we in common with other medical organs who act as sentries for the profession in general regard it as our duty to warn its members, whenever we see signs pointing to any possible dangers. The American Medical Association must be freed of combinations, rings, and such other methods as redound to the glory and profit of the imposters only. The rank and file has fallen into the traps laid for it but too willingly, and has too readily swallowed

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the gilded pill which had been prepared for it by those who were influenced by sordid motives alone. This must be stopped, and it must be stopped by the members. They must gird up their loins and prepare themselves to do their whole duty and clean out the Augean stables. Every member is interested in this; every member is a stockholder in the *Journal* and, as such, he is in duty bound to take an interest in its management.

Education is always an interesting subject. The uselessness of certain methods is animadverted upon by the *Post-Graduate* which says that while we are on the matter of education, let us consider what seems to us, to be an evil in the education of boys and girls in many of the large schools of this country. In the older and the simpler days of academies in country villages, there was a great deal of work, in which the eyes were not very closely employed. Spelling, for example, was done in classes, arithmetic on the blackboard, and a great deal of time was spent in recitations, in which there was not very close attention to the book. But now, in many schools, everything is done by the scholar, and in writing on paper and on the slate, and a boy or girl may spend four or five hours a day of close work with the eyes. If he or she have progressive myopia, that is a good way to make it progress more rapidly. We think education in some places, has become too much a matter of attention to details, and too little a regard for great principles. It is not necessary that a boy should do one kind of a problem twenty five times, if he can do it a few times very thoroughly and with accurate explanation, so that he gets it into his head. It is not necessary that a medical student should see one hundred of certain cases of disease, in order to understand that disease thoroughly. A very few exactly stated, under the eye of a critical teacher, will allow him to leave all such cases and go on to the next class of disease.

The Graduation Fee does not seem to strike the editor of the *Medical News* very favorably. He says: Doubtless the wrestlings of our medical colleges with financial problems are already sufficiently severe without criticism of any of the established sources or methods of income. But doubtless, also, the grrduation fee is indefensible on grounds of justice. After a student has paid his tuition fees for three or four years, fulfilled his duties, passed his examinations, and in every way complied with the regulations and legitimate demands of his *alma mater*, the likelihood of his thinking the *mater* decidedly *dura* will be increased by her demand for $30 or $40 before she will certify to the fact of his completed course of study. It may be said that the "sheepskin" itself and printing (or its illumination in the highest style of Spencerian art), costs a certain sum, and that the rental of the public hall in which the exercises are held, together with sundry other expenses —the Faculty bouquet, for example—altogether make up a considerable item of expense for the institution, or, as the case may be, for the members of the Faculty.

In answer it may be protested that the parchment, with whatsoever chirographic skill illustrated, costs but a dollar or two; that often the public hall is charged to the graduates—as, indeed it should be, but not if in addition to the graduation fee; and lastly, that if the Faculty banquet is a matter of money it is not one of generous good will and good-bye.

There is a certain amount of hugger-mugger about all this custom. What legitimate excuse can be offered for it? The great majority of medical students finds this unjustifiable demand hard enough to meet; but it is the custom; the students secretly feel its injustice, and they pay the fee and go away feeling less kindly to the college than they should. Would it not be better to put the tuition fees properly high, let every charge rest upon a real excuse and reason, charge for diplomas and the public hall at cost, and not as at present from 100 to 200 hard-pressed and unwilling men extract $2000 or $6000 for reasons that will not bear frank discussion?

Experience, while useful must be of a certain nature to be so. Dr. Hiram Corson illustrates this very well in a recent paper which appeared in the *Times and Register*. The story runs as follows: I was called to a child lying on the lap of a friend, "because she had had experience with such cases." I said, "the child seems very sick." "Yes," she replied, "it has summer complaint, and will die." "How do you know it will die?" "Oh! I have had experience; I have had ten of them with it." "All your own children? Did they all die?" "Yes." "Well, your experience is worth nothing." I treated the child, and to her disgust, it was soon well. Her experience is a fair type of the experience of those physicians who go on with the same fatal treatment, lose one patient after another, and speak of "experience" in treating the disease.

Advertising is looked upon in various ways. In an address delivered to the California State Medical Society, Dr. O. O. Burgess stated (*Occidental Medical Times*) that they who contribute most of valuable material to society proceedings are contributing most to their own professional honor and success. They are advertising their knowledge and ability to the profession; and every medical man knows and feels the value of the respect and good will of his professional brethren. He who would rise above the common level must not only have the requisite ability, but he must make known that ability to the profession, and to the public as well. These are times when the world moves with startling rapidity. The slow methods of former years, when only now and then a name and a reputation came up out of the murky level of mediocrity, have given way to the active and aggressive methods of to-day, by means of which vastly increased numbers force their way up to justly achieved notoriety and distinction. Given the talent and the education, the rest is done by hard work and advertising.

They who teach in the schools and clinics; who operate before classes and on-lookers; who write valuable treatises and intelligent articles for the journals; who read practical or interesting papers before societies, and who take an active and intelligent part in the discussions which arise there—all these advertise themselves whether they will or no. Through those who hear and see these things, and much more largely through the reports of the medical press, their names, their sayings, and their doings, are sown broadcast throughout the profession. In this way comes rapid distinction and success to those of recognized talents and acquirements.

Then, again, the daily labors of the painstaking and conscientious practitioner, who is careful to do his best for every case that comes to him, are an advertisment of his worth, which is sure to bring him reputation and work. To advertise, to keep one's self before the public, is as necessary to the physician as to any other man—and these are legitimate methods by which it may be done.

Do Not Lie About the Doctor is an injunction we find in the Toledo *Medical Compend* which goes on to say that families after discharging a physician are very apt to give some reason for the change, and generally this is of such a nature that the physician must necessarily suffer pecuniarily thereby. Generally it will be observed that when the physician is dismissed and abuse is heaped upon him, the family remains indebted to him. In fact this is usually the case, and it is also undoubtedly the cause for the change, and the lies are told with the object of intimidating him so that he will hesitate to send or come for his pay. Unpaid bills are the most frequent cause for the lies that are told about the doctor.

It is not safe to lie about the doctor, even if no particular financial injury results from it. It is always dangerous to say anything that may injure the physician's reputation, and it may be well for some one to make an example of some one who has thus been guilty of a too free use of the tongne. In a case of this kind, the judge in charging the jury, said: "The injury or damage must not necessarily be established, but if the fact can be established that the unkind words against the doctor on the part of the ex-patient are untrue, unjust and slanderous, then the case must be decided in favor of the plaintiff."

Substitution and Its Attendant Evils is commented upon by Dr. John Aulde (*Jour. Am. Med. Ass'n.*), who says that the evils attendant upon substitution and sophistication of remedial agents have long been surmised; they have not however, until recently, received attention at the hands of the medical profession. Increased diagnostic skill, along with greatly improved facilities for the manufacture of medicaments, favor an approach toward mathematical exactness in computing therapeutic results. The question which presents itself is: Has our patient received the true medicament or a base counterfeit? However attractive in theory, it will be found impractical for the medical profession to drift away from the pharmacists, and it should be our aim to reward the faithful and bring the guilty to punishment. The friendly bond between the two professions should be honesty, as neither can afford to work independently: there is an interdependence which makes them mutually helpful.

It is said of Lawson Tait, that he has returned to first principles, and carries a mill with him, so that when ergot is needed, he prepares it fresh with his own hand. The reliable character of Squibb's ether has been maintained through his business sagacity in having it prepared chemically pure and distributed all over the world in sealed cans, thus precluding the possibility of sophistication or substitution.

The life of a patient suffering from rheumatism may depend upon his being supplied with sodium salicylate prepared by a combination of Merck's chemically pure bicarbonate of soda and true salicylic acid obtained from oil of wintergreen, and yet few pharmacists, even in large cities, pretend to keep either in stock. They are the exception in Philadelphia, and doubtless the same is true of other cities.

Some years ago Dr. Squibb, of Brooklyn, set his seal on Marchand's peroxide of hydrogen, by endorsing its character and defending its merits as the most powerful and yet harmless bactericide which could be employed in the treatment of various formidable and fatal diseases. Dr. Robert T. Morris, Dr. Paul Gibier, and other well-known authorities have corroborated his statements from clinical observation, and as a consequence, a revolution has taken place in our methods of treatment in both medical and surgical practice.

The substitution of the commercial for the medicinal peroxide is calculated to work serious injury and destroy our confidence in a most potent remedy. In the treatment of diphtheria, for example, the commercial product is positively harmful. When death results, shall we blame the attending physician or the unscrupulous druggist who substitutes a base imitation for the genuine product? And still, pharmacists who claim to be respectable, do not hesitate to trifle thus with human life. Is it any wonder then, that our mortality percentages are on the wrong side?

Antipyrin, a patented preparation, has met with phenomenal sales, and possesses distinct properties, and as a result, imitations and substitutes are offered to take its place in medical practice. Whether these imitations are better or worse than the original product, I do not care to discuss; neither is it for the druggist to decide. The decision here, as to any special remedy or preparation, rests entirely with the physician, as he alone is responsible for the condition of his patient; no one else, not even the druggist, should be permitted to interfere with his directions. Substitution is an evil with should be guarded against; it is an evil which must be eradicted, or the entire medical structure will collapse. It is a

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duty we owe to ourselves and to our patients to look after this unnatural condition of affairs in which we are so vitally interested, and the time is near at hand when a systematic effort must be made with a view to accomplish the desired end.

This subject is commended to the attention of the American Medical Association, with the suggestion that a committee be appointed who shall recommend suitable measures for the protection of the medical profession from the evils of substitution and sophistication on the part of unscrupulous pharmacists. Shall we have a "list?"

Medical Practice does not occupy that high place which many would like to see. The *North American Practitioner* says that the interests of the patient demand that the doctor be well paid. This is illustrated in the methods of business. The manufacturer of experience knows that he must pay certain of his skilled laborers above the price at which he could have the work done, because on poorer pay the quality of work soon deteriorates. The position of the profession of medicine in society depends upon its rewards. As it is, the threadbare suit of the doctor does not command that consideration in the community that the dapper dress of the mortgage shark engages. The second class house, equipment and belongings of the physician do not give that *entree* to society that the mansions of the quack secures for its occupants.

But abstractions are often odious. In the concrete, this subject is much more odious. There is no occupation in life which is so out of tune with modern business methods and practices as ours. To feel and to see the happiness of medical practice one must be an interne in a large hospital which receives no fees. The patients are poor and sick. The doctors are fed and warmed. The nursing is ready and willing. The dollar is at a discount. From morning till night all the work is done for suffering man and science. Nothing is hoarded or secreted. Everything is shared without loss. The effort is to give, not to get. The interests of doctors and patients are identical. Outside of the small amount of jealousy and strife carried in from outside life by the attending men, this could be another world or another age of this one.

Charity Begins at Home, according to the New York *Journal of Gynecology and Obstetrics*, which goes on to say:

We note in last week's issue of the *Medical Record* that our Senator from Brooklyn is to bring the follow-measure before the New York Legislature:

SECTION 1.—It shall not be lawful for any corporation organized under the laws of this State, and having the care, maintenance, or custody of children or invalids, to make use of the services of any physician who is not a citizen of the United States.

SECTION 2.—This act shall take effect immmediately.

There are several points about this proposed act which are of interest to our readers. Men who come from abroad come for some knowledge which is to be obtained here with unusual facility and perhaps cannot be obtained elsewhere, or for the purpose of making friends and ultimately practicing in the Uniteh States, or to take charge of hospitals which their countrymen have established on our soil.

If our institutions are able to impart special knowledge which is not attainable in other parts of the world it may be proper and humane to permit foreigners to obtain this knowledge by utilizing our advantages. If the hospital is sustained by the funds of the State Union the State may designate under what conditions such a relation shall exist. If the hospital is supported from private sources the State has no more right to designate whom it shall employ than to indicate where it shall buy its instruments or dressings.

We should educate and train our own children before helping those of a neighbor and we hail with delight any evidence of appreciation by the Legislature of the high value to the Commonwealth that the hospital training gives, yet we doubt if such a law as proposed is the best way to retain these advantages for ourselves. It commences at the wrong end. Make it as difficult as you like for men to practice, but having given them the right of physicians do not curtail the functions of this position.

If France enacts such laws that it is difficult for our medical men to practice on her soil, let us render to France measure for measure, but is it necessary to affront other countries?

Evidently the author of the above is unaware of the fact that Germany, Austria, Russia, Spain, England and the Colonies have similar laws. We do not see how we are affronting the nations by adopting similar laws to theirs, and, unless our physicians are recognized, it is not improper to indulge in reprisals, although it is impolitic and illiberal.

Specialism was the subject of a recent address delivered by Dr. Wm. Osler, who went on to say that the tail of our emblematic snake has returned into his mouth: at no age has specialism been so rife. To follow its gradual development during the present century would take more time than at my disposal, and would not be a profitable task. The rapid increase of knowledge has made concentration in work a necessity; specialism is here, and here to stay.

The advantages to the profession that have followed this differentiation have nowhere been more striking than in this country, and the earnest workers in ophthalmology, gynecology, dermatology, and other branches have contributed largely to inculcate the idea of *thoroughness*, the necessity for which is likely to be lost sight of in the hurry and bustle incident to the growth of a nation. Better work is done all along the line; a shallow diffuseness has given place to the clearness and definiteness that comes from accurate study in a limited field. The day has gone by for Admirable

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Crichtons, and although we have in our ranks a few notable illustrations of men that have become distinguished authorities in the eye and skin diseases, and upon syphilis, without sacrificing their interests in general surgery, such are necessarily rare, and unfortunately, from the very circumstances of the case likely to become more uncommon. Then, how comforting to the general practitioner is the wise counsel of the specialist. We take him a case that has puzzled and annoyed us, the diagnosis of which is uncertain, and we consult in vain the unwritten records of our experience and the printed records of our books. He labels it in a few minutes as a coleopterist would a beetle, and we feel grateful for the accuracy of his information and happy in the possession of the label; and if sometimes, standing like Aaron between life and death, he illumines too brightly the darkness of our ignorance, we are not as often beholden to him for gentle dealing?

It is almost unnecessary to remark that the public in which we live and move has not been slow to recognize the advantage of a division of labor in the field of medicine. The desire for expert knowledge is, however, now so general that there is a grave danger lest the family physician should become, in some places, a relic of the past.

The Reform of German Anatomical Nomenclature is to be attempted, according to the *Lancet*. Prof. Wilhelm Krause, who has resigned his professorship at Gœttingen, is coming to Berlin to create a uniform anatomical nomenclature. He has undertaken his task at the instance of the Anatomical Society, which has busied itself for five years past with the question, How is the confusion in anatomical nomenclature to be remedied? This question was thoroughly discussed at the third assembly of that Society in 1889. Professor His, of Leipsic, showed on that occasion how the present multiform anatomical nomenclature had arisen, and how it could be simplified. It was determined that, in the creation of a new nomenclature, regard must be paid not only to descriptive, but also to the general and comparative anatomy and to embryology, and that the reform must be based on a complete list of the technical expressions of anatomy, in which all the changes of meaning which each expression has undergone are stated. It was further decided that all that is good in the present nomenclature should be retained, and that expressions containing proper names should not be dropped. Professor His uttered a warning against going too far in the Germanization of words derived from the Greek and Latin, on the ground that such a change would render mutual understanding between German and foreign anatomists more difficult. A committee was appointed to arrange for and superintend the work, and it was resolved that the work itself should be entrusted to an anatomist of reputation. The members of the committee elected in 1889 are Kœlliker, Oskar Hartwig, His, Kollmann, Merkel, Schwalbe, Toldt, Waldeyer, and Karl Bardeleben; and their number was augmented in the following year by the election of Cunningham, of Dublin, Lebouc, of Ghent, and Romiti, of Pisa, in order that due regard may be paid to the necessities of foreign anatomists. The work was entrusted to Professor Wilhelm Krause, who will have to devote several years to it. The expenses will be defrayed by the Anatomical Society and the Universities of Berlin, Vienna, Munich and Leipsic.

Bacteriology in Medical Colleges, is commented upon in the *Bacteriological World* in the following manner: The foremost medical schools of the country—those of four years' terms, particularly—devote considerable time to bacteriology; but the scores of short term schools still teach very little on the subject, and that often very imperfectly, sometimes in a few hurried lectures more or less notable for their shallowness and inaccuracies. Moreover, there are schools in America so behind the age as to teach that bacteriology is nonsense. It is evident, however, that the spirit of the medical profession, is fast approaching the idea that bacteriology must have more attention in our schools. It has become apparent that the doctor who is ignorant on this subject, is greatly handicapped from a practical standpoint.

The fact is, the practical departments of medicine are often taught in our schools (many of them existing as financial investments or advertising media), to young men having no education to understand. They graduate with a head full of precepts, their memory loaded with lectures and visions of cases seen, but they have digested nothing. They are loaded to the muzzle to pass examination, and after that they must experiment at the expense of the people, often jeopardizing lives, and sometimes with fatal results.

It is evident that more general preparation should constitute the foundation of medical education. At the very beginning of medical studies the principles underlying them should be mastered. Histology and the relation of tissues to micro-organisms should be demonstrated early, in a practical manner. Laboratory practice should enter a large measure into a student's curriculum. And, as much as possible, the lectures should be illustrated, practical, and not mere oratorical flights, which are often beautiful, but empty words. (Oratory in the class-room, if sustained by practical knowledge and common sense, is convincing, but many of the best teachers are poor talkers). It is to be hoped, for the benefit of the profession and the people, that bacteriology will constitute a larger share of the medical courses of all colleges. It is not an incidental subject, but an absolutely necessary one. It is essential to a physician's equipment.

A Liberal Offer.—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

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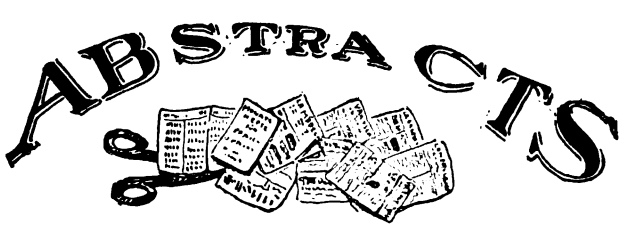

Musical Anus.—Although somewhat startling, this phenomenon is interesting from a physiological point of view, even though rather malodorous in itself. The New York *Medical Journal* says that Dr. Baudouin has lately reported in the *Semaine Medicale* a case that may with justice be called one of the musical anus, and one that is of much interest from a physiological point of view. The patient, or rather the exhibitor, is a man aged thirty, well developed, but without muscular excesses, tall, of full weight, and, so far as can be made, entirely free from any disease or deformity. His digestion is good and he does not develop an unusual quantity of gas in the bowel after eating. There is no pyrosis or abdominal tympanites. His fecal passages are normal, regular, and well molded. The anus and rectum, in a state of repose, present nothing abnormal. The sphincter is moderately strong, but quite distensible, notwithstanding its daily exercise. The rectum is normal and not dilated. The remarkable feature of the case is that the lower bowel, at least, seems to be absolutely under the control of the man's will. He can empty it completely whenever he desires, a very fortunate accomplishment for his clothing and for the olfactories of his audience. He was reared on the shores of the Mediterranean, and it was here that he first noticed his remarkable power. While bathing one day he observed upon strong inspiration the sensation of cold in his pelvis and abdomen, and at the same time felt the sea water entering his rectum. In a short time he was compelled to empty his bowel, and noticed that he had taken in a much larger quantity than he had supposed. By practice in the ordinary bath and in the sea, he became able to store a considerable quantity of water, to retain it for some time, and to eject it with much greater force than at first. Later on he noticed that he could accumulate air in his bowel, as well as water, and by its expulsion could give rise to certain variations of sound. Applauded by his associates, he acknowledged his superiority in this class of exercise, he eventually developed the faculty beyond measure, and frequently gave exhibitions of his art before a select circle of his friends. From these reunions he began to exhibit his powers in the clubs and cafes until he became the best-known and greatest curiosity of the place. As his reputation spread he made journeys to the surrounding towns and villages.

A New Preparation of Iron, A Specific for Anemia.—Reynold M. Wilcox, A.M., M.D., Professor of Clinical Medicine in the New York Post-Graduate School and Hospital, read a scholarly paper entitled, "Anemia, its Treatment with a New Preparation of Iron," before the Section in General Medicine of the New York Academy of Medicine, April 19, 1892, which was published in the New York *Medical Journal*, May 7, 1892.

The author reports the clinical history of twelve cases of anemia which he has treated with the most gratifying success by Weld's Syrup of Chloride of Iron (Parke, Davis & Co.'s).

The conclusions of Dr. Wilcox are:

In anemia iron is by far the best remedy.

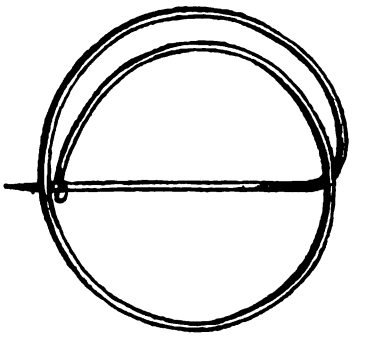
Of all preparations the Tincture of Iron Chloride is the most valuable.

The official tincture is objectionable in thas it excites nausea, disgust and vomiting, stains and destroys the teeth.

These disadvantages are obviated in Weld's Syrup of Chloride of Iron.

In removing these disadvantages its therapeutic efficacy is not in any way impaired.

New Surgical Safety-Pin.—Dr. J. L. Hancock has invented a simple device (North American *Practitioner*) which is constructed, as will be seen in the



annexed drawing, of one piece of nickel plated steel wire, turned into a circular form once and a half around. Then, a sudden bend is made and the end carried straight across the middle to the opposite side where the point rests upon the wire. The other end of the curved wire is turned up into a small hook to receive the point, for holding and giving firmness to the springing frame which is so made to facilitate the catching and unlocking of the pin.

Reflex Headache.—In a paper on this subject (*Am. Lancet*), Dr. T. H. Edsall says, among other things, that in the normal eye there is rest from work when the eyes are fixed upon some distant object, for then the light falls upon the retina focused by the lens at its least convexity. In the shortened eye there is no rest except during sleep, for, if the eye is to see clearly at any time, the surface of the lens must be to a certain degree more convex then when the eye is normal, which means a demand upon the ciliary muscle. With the intimate nervous connection between the eye and the general nervous system, it is not difficult to understand that

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the constant irritability thus necessitated should communicate itself to the more distant parts and produce the continuous pain which is noticeable in such cases. I have thus for mentioned only hypermetropia as a condition inducing reflex headache from eye-strain. As a matter of fact, any of the refractive errors are equally capable of producing this condition and astigmatism, more often even than simple hypermetropia is the cause of cephalalgia. This condition is one in which the cornea, instead of being regularly curved throughout its entire extent, is in one meridian in consequence of congenital defeat, of disease, injury, or from operation become differently curved from the other.

Hymen Obstructing Labor.—Mr. J. Cuthbertson Walker, recites a case as follows (*Brit. Med. Jour.*): I recently attended Mrs. F., a healthy primapara, aged about 22. The head was distending the perineum, but on examination I found I could not, as usual, sweep the examining finger around the head, and there was evidently something obstructing it. Puzzled to know the meaning of this I exposed the patient, and found the hymen tightly stretched over the head, like the skin of a drum. I at once proceeded to divide it, but while I was doing so the child was shot suddenly into the world unfortunately rupturing the perineum. Playfair states that such cases are rare. For this reason, and to warn others against the accident which befell me, the case seems worth recording.

The Eustachian Tube.—Students are taught that during deglutition the mouth of the tube opens, and, that thus, air is admitted into the cavity of the tympanum (*Brit. Jour. Dent. Sc.*). It seems that this point has been disputed, and Prof. Politzer, the distinguished aurist of Vienna, recently drew attention at a demonstration he gave at Sir. W. Dalby's to an experiment which appears to prove that the mouths of the Eustachian tubes are normally dilated during the act of swallowing. If the ends of the branches of the tuning fork C^3 (with 512 vibrations per second) are held in front of the nostrils of a person with normal hearing, the sound becomes much lounder when swallowing is performed, and the Professor suggests that this fact may be useful not only in diagnosing obstruction of the tube in disease of the middle ear, but also in estimating the amount of improvement during treatment.

Renal Albuminuria.—Dr. Edward S. Wood thinks we may consider that, clinically, all cases of renal albuminuria, not due to organic disease of the kidneys, may be arranged in one of the three following classes (Boston *Med. and Surg. Jour.*):

I. Those due to some general disease or disturbance (not renal) which causes some change in the renal circulation.

II. Those due to irritation of the kidneys, which irritation may be general, as in the case of the chemical (or dissolved) irritants, or circumscribed, as in the case of some mechanical irritants, such as concretions in the substance of the kidneys.

III. Those due to some change in the composition of the blood.

The duration of the albuminuria naturally varies with the cause. It may be permanent, as when due to organic disease of some other organ, in which case the kidneys themselves may, after a long time, become affected with some form of organic disease, or it may be temporary, lasting for a longer or shorter time according to the cause.

I. In the first class, due to some interference with the renal circulation, we may include:

1. The febrile albuminuria which is invariably seen in acute diseases attended with high temperature. In these cases the quantity of albumin is usually only the very slightest trace, which with the accompanying casts, entirely disappears as soon as, or very shortly after convalesence begins.

2. Disturbances of the renal circulation due to nervous diseases, such as delirium tremems, acute mania, and the like.

2. Passive hyperemia of the kidneys, due to certain organic diseases of the heart and liver, to the pressure of abdominal tumors, etc.

4. Almost any serious disease, wherever located, tends to produce secondary effects upon the kidneys, which result in albuminuria and the presence of casts in the sediment.

5. Albuminuria of adolescence. In this class is also usually arranged the albuminuria of adolescence, on the theory that there is at about the age of puberty, or a little earlier, a slight physiological hypertrophy of the heart.

6. Normal albuminuria, so-called, or the albuminuria which appears in perfectly healthy individuals at certain times, such as after strenuous exertion, as in the case of soldiers after a fatiguing march, is also naturally arranged in this class. In these cases, the albuminuria lasts for an hour or two only, and, so far as I know, is never accompanied with casts in the sediment.

II. Renal irritation.

This class includes, I think, by far the largest number of cases, since it may be produced by so many different causes, and is so frequently seen in persons apparently in perfect health. It is in these cases most frequently that the albuminuria is first discovered by the life insurance examiner, since the patient, as a rule, has no other reason for consulting a physician, or having his urine examined.

Renal irritation may, according to the cause which produces it, be very mild, and last for a very long time before it is detected and its cause removed, or it may be very severe, producing a catarrhal nephritis, which may become a regular acute nephritis.

The most common causes of renal irritation are:

1. A very concentrated condition of the urine.

2. The action of chemical (or dissolved) irritants, which include some of the abnormal constituents of the

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urine, (*a*) sugar, (*b*) bile, (*c*) the irritating products of scarlatina, diphtheria, and the like, and (*d*) numerous irritating drugs and poisons, such as cantharides, arsenic, salicylic acid, salol, and many others.

3. Mechanical irritants, such as crystals and concretions of uric acid, urates, calcic oxalate, cystin, etc. We often see two or more of these causes acting at the same time. Especially are we apt to have a very concentrated condition of the urine associated with one or more of the other irritants.

III. Blood Diseases. The albuminuria due to changes in the composition of the blood is also accompanied by the presence of renal casts in the sediment. Those are almost always pure hyaline in their character, unless the blood pigment is also separated by the kidneys, in which case we find in the sediment brown-granular casts and brown amorphous matter, as in cases of hemoglobinuria.

A Fact Useful for a Laparotomist.—It is sometimes important for a surgeon who has made an abdominai section for any purpose, to know with absolute certainly in which direction the stomach lies from a given point of the intestine, says a exchange. This, of course, can be ascertained by overhauling the intestine, till the stomach or the ileo-cecal valve is reached; but this involves an amount of handling the intestine which, to say the least, is not conducive to recovery. Nothnagel has pointed out the curious fact, that when a crystal of carbonate of soda is applied to the peritoneal surface of the intestine, it will invariably excite its contraction, which passes upward toward the stomach, never toward the rectum.

Gonorrhea.—We read in the *Northwestern Lancet* that short cuts to the cure of gonorrhea are nearly as plentiful as sure cures for phthisis, and their very multiplicity arouses a suspicion that none of them are good for anything. One of the latest is that described by an English surgeon, Dr. C. E. Coates, in the London *Lancet*. Having had the patient pass water he introduces an endoscope just beyond the posterior limit of inflammation, which he usually finds quite five inches from the meatus. He then wipes the urethra dry with cotton wool and applies on a swab a ten grain solution of nitrate of silver, pushing the swab through the endoscope and drawing out tube and swab together. A fresh swab is used for the two inches of urethra next the meatus. A saline purge and an alkaline or copaiba mixture constitute the internal treatment, and the patient is given a mild cleansing injection such as Condy's fluid (a two per solution of permanganate of potash), one drachn to the pint. This ends the treatment, and forty-two cases so handled got well on an average in twelve days, no case requiring a second application of the nitrate of silver.

Treatment of Abortion.—This was the title of a paper by Dr. Walter A. Crow, read before the Georgia State Medical Association (*Va. Med. Mo.*). The summary of the paper is as follows:

1. There is a marked tendency to infection in all cases of abortion.

2. There is urgent necessity of removing, as far as possible, all sources of infection. This includes clean hands, clean instruments, cleanliness of person and bedding, etc.

3. The importance of thoroughly satisfying one's self in all cases of the complete removal of all the fetal membrane and placental tissue was impressed.

4. The patient should be kept under observation for at least two months, with the most favorable surroundings for complete and perfect involution of the enlarged uterus, building up the general health and keeping the bowels open; if necessary, with salines.

5. Be urgent in the advice to avoid the possibility of becoming pregnant for at least six months, as sexual connection produces more or less irritation and congestion of the parts, and thereby retards, if not in a measure stops, the condition we most desire to secure in these cases—a normal restoration of the parts.

Chronic Conjunctivitis.—Dr. W. H. Bates makes the following statements (*Post-Graduate*):

Spiritus ophthalmicus is a remedy of great value in chronic conjunctivitis. The old English writers on ophthalmology used it extensively. Dr. Mittendorf, of New York, has done more than any one else to popularize it in this country. The formula is as follows:

℞ Spiritus Camphor,
Spiritus Vini Gallici., - aa 3j.
Spiritus Lavender,
Spiritus Rosemary, - - aa ℥j.
M.

Sig. Eye spirits, to be used only externally over the closed eyelids.

A collyrium for chronic conjunctivitis, which is recommended very highly by Dr. Fuchs, of Vienna, has benefited a number of my cases. I am indebted to Dr. Marple for the formula:

HORST'S COLLYRIUM.

℞ Ammonii Chloridi, - gramme 0.1.
Zinci Sulphatis, - - " 0.25.
Aquæ Destillatæ, - - " 40.0.
M. et add—
Camphoræ, - - - - " 0.08.
Dissolved in—
Spiritus Vini Diluentis, - - " 4.0.
Croci, - - - - " 0.02.

Digest for twenty-four hours, stirring frequently. Filter.

Sig. Eye drops, to be used pure or diluted with equal parts of water.

Recurrent Pelvic Inflammation.—In closing an interesting paper on this subject (*N. Y. Jour. Gyn. and Obst.*), Dr. L. H. Dunning sums up as follows:

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1. Recurrent pelvic inflammation is a mixed disease involving organs and tissues of widely different histological structure.

2. It usually begins in an endometritis, but in the end the Fallopian tubes, ovaries, pelvic peritoneum and sometimes the pelvic cellular tissues are all, more or less, affected by the morbid process.

3. An uncured acute inflammation of any one of the organs or structures named above, predisposes the patient upon the operation of an exciting cause to a recurrent acute attack: Each acute attack still more predisposes to subsequent recurrencies.

4. Suppuration in any of the structures involved may occur. It most frequently occurs in the Fallopian tubes.

5. Prophylactic treatment is the rational one.

6. Pregnancy and delivery is fraught with danger in patients who have recurrent pelvic inflammation.

7. Electricity aids in the promotion of the absorption of the exuded lymph before it becomes thoroughly organized into tissue.

8. When suppuration occurs, operative procedures are indicated. The method of evacuating the pus or removing the pus cavity must be determined upon investigating each individual case.

Treatment of Hypertrophic Rhinitis.—Dr. T. P. Thorne lays down the following directions (*Med. Age.*): The patient should have the best possible general hygienic surroundings, and whatever tends to improve the hygienic condition should receive attention. The cause of the affection should be carefully studied and, whenever possible, removed.

When the atrophy is slight, antiseptic, alkaline, and astringent applications will cure the disease; but when structural changes have progressed to any extent these measures merely palliate the symptoms, and more radical treatment is necessary. The method which has given the most success is the use of the galvano-cautery, a procedure warmly advocated by Lennox Browne, Mackenzie, Seiler and other eminent rhinologists. This operation is performed in the following manner: The nose is dilated with a nasal speculum and anesthetized with cocaine; then a platinum electrode is introduced, and a current is turned on sufficient to heat the electrode to a cherry red; this is drawn along the turbinated body from the posterior body to the anterior; two or three parallel lines are thus made through the mucous membrane. Several applications in this manner will effectually reduce the hyperemia, and cause a contraction of the hypertrophied tissue. There are various other methods of treating this disease, but experience has demonstrated beyond question that the most favorable results have been obtained by the use of the galvano cautery. When some constitutional dyscrasia is a factor in producing the disease, this should receive the proper medical treatment.

Pilocarpine Nitrate in Facial Erysipelas.—Dr. G. V. Hald says (*Med. News*) that perhaps none of the common diseases with which the general practitioner is daily compelled to grapple causes him perplexity and embarrassment, as it continues to advance in spite of scientific therapeusis, than that well named ancient and modern "Fire Erysipelas." The affection is especially indigenous to this locality and State, and from quite an extensive acquaintance with it in patients of all ages, I feel it a duty to record the satisfactory results obtained from the use of pilocarpine nitrate administered hypodermatically in aqueous solution, in doses of from one-fortieth of a grain for infants to half a grain for adults—the dose at all events being sufficient to maintain a steady appreciable diaphoresis; stimulants being given at the same time, as required. In submitting my experience with this remedy I am neither unduly enthusiastic nor am I unmindful that in the treatment of erysipelas the great master Trousseau "used no remedies except a laxative, but he pushed the the administration of food—which must be done, of course, in all cases—and of the great number of cases treated by him only three died."

Loss of Speech from a Complication of Atrophic Catarrh with Syphilis.—Dr. B. M. Behrens relates the following case (*N. A. Prac.*): Mr. T., 25 years of age, became luetic last summer with the usual secondary symptoms, such as roseola on dif- on different parts of the body, mucous patches in the throat, on the right half of the lower lip and to the right of the frenum under the tongue. For these symptoms he was being treated by another physician, who had put him on mercury pills and iodide of potassium. When the patient presented himself completely speechless one day his physician sent him to me to have his larynx examined. The patient explained as best he could that he had never had any such trouble before and was consequently much frightened. Scabs would form once in a while in his nose, after the expulsion of which he would feel all right again. The right nostril presented the known characteristics of an atrophic catarrh, with atrophy of the middle and lower turbinated bodies, n t much advanced on the left side; naso-pharynx of a dry, shining appearance, but scabs could nowhere be detected in these parts. The above mentioned mucous patches were there, but the head of the larynx showed no marked alteration, while both vocal cords covered with the same white-greenish scabs that we usually find in atrophic rhinitis. After spraying the larynx for eight days the voice was completely restored, and under the anti-luetic treatment the patches in the throat disappeared. The voice has now been good for several months, although the atrophic rhinitis remains the same. While there is nothing strange in finding atrophic catarrh of the larynx concomitant to an atrophic rhinitis, there is no doubt in my mind that the propagation to the larynx in this case was caused by the syphilitic infection.

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Cincinnati Letter.

Editor Medical Review.—The forty-seventh annual session of the Ohio Medical Society held in this city, was one of the most interesting in the history of the Society.

The arrangements made by the local Committee for the reception and entertainment of the delegates was perfect in every detail.

The convention was called to order by President Collamore, of Toledo, in the hall of the Y. M. C. A., and Rev. Dudley Rhodes led in prayer. The address of welcome was delivered by Dr. N. P. Dandridge, Chairman of the Committee on Arrangements.

The first business of the convention was the announcement by the President of the following committees:

Finance: Drs. Pomerene, Lendon, Hough, Norris, Collet, Ricketts, Baher and Allen.

Admission of New Members: Drs. Landon, Cullen, Barton, Snyder, Brawn and Everets.

The following papers were read: "Home Treatment of Paroxysmal Inebriety," Dr. L. B. Tuckerman, of Cleveland; "Treatment of Acute Edema of the Larynx," Dr. August Rhu, of Marion; "Herpes of the Buccal Mucous Membrane," Dr. J. E. Boylan, of this city.

At the evening session the Society was entertained as an introductory to the regular program, with an exhibition of a class in physical development, as taught in the gymnasium of the Y. M. C. A., by Dr. A. T. Halsted.

The papers read at the evening session were entitled: "The Doctors' Hands," Dr. Dan. Millikin, of Hamilton; "A Contribution to the Study of Some of the Diseases Peculiar to the Right Illiac Fossa, with Reference to Their Relief by Surgical Interference," Dr. T. Harvey Reed, of Mansfield; "The Battle with Germs," Dr. Julia Carpenter, of this city; "Indigestion," Dr. W. T. Barnes, of Fredricksburg.

Second Day's Session.—The delegates and visitors were invited guests to some fine operations at the Cincinnati Hospital, and the Hospital for Women. At the former Dr. Thad. A. Reamy performed a laparotomy. Dr. C. D. Palmer gave an interesting history of the work in the Obstetrical Department of the Hospital. and its success was told in the report that in the last 509 cases of confinement in this Hospital, only two deaths had occurred. Dr. P. S. Conner performed three surgical operations. At the Woman's Hospital, Dr. C. A. L. Reed performed an abdominal section.

The regular exercises opened with a paper by Dr. Dudley P. Allen, of Cleveland, entitled "Meckel's Diverticulum as a Cause of Intestinal Obstruction." Dr. A. C. Kirkley, of Toledo, made an interesting report of seventeen abdominal operations. Dr. T. Dod Gilliam, of Columbus, presented a report of twenty-four abdominal operations. "Aseptic Gangrene" was the subject of an able paper by Dr. C. B. Parker, of Cleveland. The memorial received from the West Virginia State Medical Society, asking co operation in the effort to debar surgeons employed by railroads from membership in the American Association, was reported from the committee to which it was referred, with the recommendation that the convention refuse to meddle in the matter, as the field was too broad for interference. The recommendations of the committee were unanimously adopted. President Collamore read his annual address which was an able paper. One of the recommendations made by President Collamore was, that every physician support Dr. Chas. A. L. Reed, Secretary General of the Pan-American Medical Congress, and co-oporate to secure legislation to elevate the standard of the profession. Dr. John Murphy, of this city, moved the adoption of a resolution, thanking the President for his able paper, and secondly, asking that the President appoint a committee of three to prepare an address to be signed by reputable physicians, asking for legislation to elevate the profession. Dr. Murphy said that dentists and pharmacists were protected by legislation, but every time the medical fraternity asked for protection the press, backed by quacks and advertising firms, waved the red flag of disapproval, and the cowardly legislators trembled, and voted the measure down.

Dr. E. Gustav Zinke, of this city, read a paper on "The Modern Cesarian Section—How and When Performed," illustrating the text by an operation upon the manikin.

"The Treatment of Certain Forms of Club Foot," was discussed by Dr. W. E. Wirt, of Cleveland.

The second days' session closed with an able paper by Dr. Thomas Hubbard on "Intubation versus Tracheotomy."

The reception given by the medical societies of this city, to the visitors and delegates and their ladies, was one of the most delightful entertainments ever enjoyed by the medical fraternity. The Burnet House was the scene of gaiety and good cheer, and the banquet was one of the finest, and was followed by tripping the light fantastic. The committee who made the occasion so successful were Dr. Wm. Judkins and Dr. Geo. F. Fackler, Arrangements; Dr. Collomore, of Toledo, Dr. Comegys, Dr. Dandridge, and Dr. Conner, Reception.

The election of officers resulted as follows:

President—Dr. Dudley P. Allen, Cleveland.

First Vice-President—Dr. N. P. Dandridge, Cincinnati.

Second Vice-President—Dr. E. C. Brush, Cleveland.

Third Vice-President—Dr. C. A. Kirkley, Toledo.

Fourth Vice President—Dr. W. A. Dixon, Ripley.

Secretary—Dr. T. V. Fitzpatrick, Cincinnati.

Treasurer—Dr. G. I. Cullen, Cincinnati.

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Finance Committee—Dr. P. P. Pomerene, Berlin.

Ethics—Dr. Van Pelt, Dayton.

Legislation—Dr. C. S. Cope and Dr. E. C. Spence, of Crestline.

Admission—Dr. A. R. Baker, Cleveland.

Put-in-Bay was selected as the place of holding the convention in 1893, at such time as the President and Secretary shall select.

THIRD DAY'S SESSION.—The Cincinnati Hospital was visited in the early morning by the visitors, and at 7 o'clock, think of the hour, Dr. Thad. A. Reamy performed a laparotomy. Dr. Joseph Eichberg presented three very interesting cases of locomotor ataxia that had been successfully treated in the Hospital. Dr. N. P. Dandridge presented four patients that showed successful operations for knee troubles. Dr. Joseph Ransohoff performed three operations, i. e., excision of a knee, arthrodesis of an ankle, and excision of the cervical glands. Prof. Chas. A. L. Reed operated at the Free Surgical Hospital for Women, and removed a large ovarian cyst.

The morning session was very business like, and much work done in hearing reports from committees.

Dr. C. G. Comegys offered the following resolutions:

Resolved, That the petition of the American Medical Association to Congress to create a department and a Medical Secretary of Public Health be, and the same is hereby approved.

Resolved, That the President of the Ohio State Medical Association furnish a copy of these resolutions to the Senators and Representatives of Ohio in Congress, with a request that they support the bill now before Congress appertaining to the same. The resolutions were unanimously adopted.

Dr. James T. Whittaker read a very interesting paper on "Methylene Blue and Methylene Violet," exhibiting the tests with the two colors.

"Can Scarlet Fever be Aborted," was the subject of an important subject carefully discussed by Dr. J. C. Crossland.

Dr. R. D. Gibson, of Youngstown, presented a thorough consideration of "The Use of Galvano-Cautery in Ophthalmic and Laryngeal Surgery."

Dr. D. DeBeck, of this city, gave the result of a carefully noted experience in "Treating the Eye, Especially the Errors of Refraction to Chronic Diseases of the Eyelid."

One of the most practical papers of the day was read by Dr. Robert Peter, of Canal Dover, on "Sepsis, with Narratives of a Few Interesting and Instructive Cases."

Dr. N. P. Dandridge was entertaining in his surgical review of "Tuberculosis of Bone."

Dr. A. Ravogli presented a rare case of erythema, caused by application of ichthyol, and read a paper on "Ichthyol in Eczema."

Dr. Philip Zenner recited "Some points in the Symp tomatology of General Paresis."

The closing paper was read by Dr. Chauncey D. Palmer, and was a scientific review of gynecology.

Resolutions of thanks were returned to the members of the fraternity for their royal treatment extended the visitors, and the convention adjourned.

CON. W. GATCH, M.D.

Surgical Clinic.

Editor MEDICAL REVIEW.—At the Harlem Hospital, New York, Dr. Thos. H. Manley delivered a clinical lecture, April 27, 1892, as follows:

GENTLEMEN.—The first patient to which we will give our attention to day is one with a history as follows:

He is nineteen years old, with a fine muscular development and no organic disease, except within the cranium, which is of recent development. Four days ago, while assisting others in pulling down an old building, he was struck on the head by a piece of falling timber and was knocked down.

In a few moments, however, he raised himself and continued at work until evening. During the same evening as he complained some of pain in the head, a physician was summoned. As he continued to grow worse, he was sent to this hospital. On admission, six hours ago, he had a temperature of 104, and a pulse of 120. His face was of a dusky, congested hue, the tongue was thickly coated. His decubitus was dorsal. He lay, not in coma, but deeply somnolent and answered questions only when shouted to, and then in a hesitating, incoherent manner. There was well-marked ptosis of the right eyelid, but no paralysis of any region of the body. Owing to his stupid, indifferent state he voluntarily passed no urine, hence the catheter had to be employed. His feces he discharged in the bed.

On examining the head its entire surface, covered by the scalp, was found edematous and puffy. Over the ear, a little posterior to the coronal suture and three inches to the right of the mesial line of the skull, in fact, in the immediate vicinity of the fissure of Rolando, a distinct conical depression of bone was discovered.

Now, it might be supposed that with modern advances in the study of cranio-cephalic topography, that we should have distinct groups of muscles paralyzed, inasmuch as there was scarcely any question as to direct injury of the cortical areas of the anterior convolutions. But, I must say, that in my own experience, which now embraces nearly two hundred cases of fracture of the skull, with implication of brain substance, I have yet seen nothing confirmatory of the theory of cerebral localization. What connection I would ask can there be between this paralysis of one of the branches of the motor-oculi and the location of this cranial lesion? I think I might as well ask what is the relation in infantile, cerebral meningitis and the non-ocular squint which always goes with the severe form of it.

Our patient evidently has meningitis which is spreading downward between the base of the brain, and in a short time, if we cannot promptly relieve him, we will have an extension of inflammation along the base and involvement of other nerve roots.

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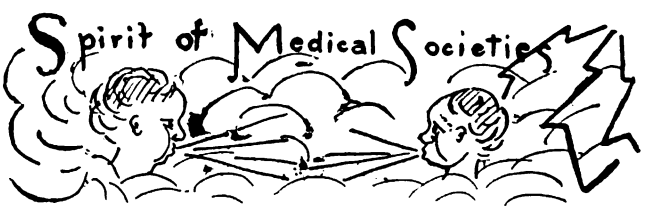
I will ask you to notice here that the scalp is unbroken, and yet there is clear and unmistakable evidence that we have septic infection so-called, but which in reality is not due to extraneous taint, but purely mechanical violence. You will notice as the scalp is split and turned aside that there is a distinct fracture, the bone or spiculæ being drawn deeply into the brain substance. I wish it observed that I employ no trephine to raise the fragments, but displace them by debridement, using a small grooved chisel to cut away sufficient healthy, fixed bone to get under and displace them. Now, you see as the bone is removed an immense quantity of pus, brain detritus and disorganized blood clot, well up through the vent. The cavity having been washed out thoroughly with sterilized water, light fluffy dressings are applied. Now that the cause of his trouble has been removed, as he is a young vigorous fellow we should have a prompt recovery.

Our next case is one of thoracentesis thoracis. The history of this case is full of interest. Briefly, it is as follows: Our little patient is but four years old. His recent illness has lasted six weeks. When he was first taken ill, the medical attendant who called frankly admitted that he could not make a diagnosis. The second physician pronounced the case peritonitis, while the third and latest medical gentlemen diagnosed the case as one of suppurative pleurisy on the right side, and sent the case to me for operation.

Last evening when the patient was admitted House-Surgeon, Dr. Elsing, made a physical examination of the thorax and was so confident that the effusion was on the left side and not on the right that he introduced the exploratory needle and it filled with pus when it penetrated the left side, but none could be faund anywhere on the right side. There can be no question then, that empyema of the left side is present. As to operative measures, it is well to note the extreme youth of our patient, the flexible character of the ribs, which permits of their collapse by atmospheric pressure, to fill the void made by the removal of the liquid when the lung fails to fully expand.

The prognosis here is good, while with a parallel case with an adult we can seldom regard suppurative pleurisy necessitating operation, any thing than a very serious malady which few can survive long. I make a puncture with the scalpel, opening the eighth intercostal space of sufficient dimension to admit a small drainage-tube. There is about a pint of thick pus voided. I will employ no lavage of any description, but be content with the drainage.

Our next and last case is one of chronic strumous glands in a girl of 16 years. It is my impression that these should not be interfered with, except as in this case when a prolonged course of constitutional treatment has failed to subdue them and their presence causes a disfiguring effect. There is little to be said as to operation except that when we close an incision on any exposed part of the body we should always employ fine silk, never catgut, unless we wish to leave a blemish worse than the original in a way of a double row of blended punctures where the gut may be lodged.



Missouri State Medical Association.

The late annual meeting of this Society took place May 17, 18 and 19, last, at Pertle Springs, Mo., Dr. T. F. Prewitt, of St. Louis, occupying the president's chair. The meeting was, in every respect, a pronounced success. A large number of papers of more than usual value and interest were read and discussed. The attendance was large and representative; and, altogether, a meeting was held which will long be remembered by those who attended.

The first day's meeting was opened promptly and no time was lost in organizing. Dr. T. F. Prewitt, of St. Louis, presiding; Dr. L. A. Berger, of Kansas City, Secretary. The meeting opened with prayer by Rev. M. B. Irwin, of Warrensburg, following which Hon. S. P. Sparks, of Warrensburg, delivered an appropriate address of welcome. The President's annual address was then delivered. Upon the completion of the organization of the Society papers were read and discussed by the following physicians:

Dr. R. A. Finley, of Deerfield, upon "Treatment of Pneumonia."

Dr. L. I. Mathews, of Carthage, upon "Report of Progress of Medicine."

Dr. F. B. Tiffany, of Kansas City, upon "Insufficiency of the Ocular Muscles."

Dr. B. E. Fryer, of Kansas City, upon "Practical Points in the Management of Ametropia."

Dr. J. M. Richmond, of St. Joseph, on the "Report of Progress of Surgery."

Dr. A. H. Ohmann-Dumesnil, of St. Louis, on "Double Chancre."

Dr. J. Block, of Kansas City, a paper on "Hodgkins' Disease—the Possibility of its Cure."

Dr. J. H. Straghn, of Lexington, "Random Thoughts on the Medical Profession."

The following resolution was also unanimously passed:

WHEREAS, The services of the Secretary of the State Board of Health from July 1, 1885, to January 1, 1892, a period of three and a half years, were of much importance and value to the medical profession and the public health interests of the people of Missouri; and,

WHEREAS, The State has failed and neglected thus far to award the compensation justly earned for said public service thus rendered; therefore, be it

Resolved, That it is the sense of this Association that the next General Assembly should promptly recognize this obligation to the then incumbent of said office, Dr.

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G. Homan, and discharge the same as a just and proper liability of the State.

On the second day there was adopted a resolution indorsing the recommendation of its Committee on State Medicine, to the effect that disinfection by steam heat properly applied is the most efficient practical agent for the treatment of infected garments, bedding, etc., without injury to the texture, and as such commended the process to the notice of municipal health authorities throughout the State.

Regarding proprietary medicines a resolution was adopted condemning the practice on the part of some physicians of giving certificates of the value of proprietary medicines; and recommending to the profession the discontinuance of such medicines.

Dr. L. Bremer, of St. Louis, read a paper, "The Field of Modern Neurology."

Dr. Hal Foster, of Kansas City, a paper on "Tumors of the Larynx."

Dr. C. Halley, of Kansas City, reported a case of "Wounding of Ligation and of the Carotid Artery," with results.

Dr. F. A. Glasgow, of St. Louis, read a paper on "Progress in Uterine Surgery."

Dr. C. W. Adams, of Kansas City, read a paper on "Progress in Uterine Therapeutics and Midwifery."

Dr. T. F. Prewitt, of St. Louis, was elected Chairman of the Missouri delegation to the Pan-American Congress.

Telegrams of congratulation and fraternal greeting were received from and sent to the Illinois, Pennsylvania and Iowa State Medical Societies.

Nominations for place of meeting were made as follows: Excelsior Springs, Clinton, Sedalia and Louisiana. Upon ballot Sedalia was selected.

Dr. H. C. Crowell, of Kansas, read a paper upon "Futility of Local Treatment in Certain Female Diseases."

Dr. C. A. Thompson, of Jefferson City, read a paper on "Long Standing Prostatic Abscess with Spontaneous Recovery."

Dr. A. H. Meisenbach, of St. Louis, read a paper on "Nephro Lithotomy for Renal Calculus."

Dr. Leon Straus, of St. Louis, read a paper on "Relation of Pulmonary Phthisis to Rectal Fistula."

Dr. H. W. Loeb, of St. Louis, read a paper on "An Improved Galvanic Cautery Snare."

Dr. H. C. Dalton, of St. Louis, made an interesting address on "Four Cases of Stab Wound of Liver, Gall, Bladder and Stomach."

Dr. F. R. Fry, of St. Louis, read a paper on "Acute Traumatic Tetanus, Complicated with Scarlatina."

Dr. J. E. Logan, of Kansas City, made a report on "Diseases of the Respiratory Organs."

Dr. T. E. Patten, of St. Joseph, read a paper on "Rhinitis and Its Relation to Diseases of the Middle Ear."

Dr. G. Homan, of St. Louis, made the report of the Committee on State Medicine, which was continued by Drs. G. Tinsley Brown and T. E. Potter.

Dr. J. M. Allen, of Liberty, read a report on State Medicine from the Third Congressional District.

The third day's session was very short; a few papers being read. Dr. A. P. Miller, of Macon, was elected President.

Illinois State Medical Association.—This Society held its forty-second annual meeting at Vandalia, beginning May 17 last. At the morning session little was done. In the afternoon President Hunt read his annual address. The officers of the association are: President, Chas. C. Hunt of Dixon; First Vice President, E. Fletcher Ingalls, of Chicago; Second Vice-President, Otho B. Will, of Peoria; Permanent Secretary, David W. Graham, of Chicago; Assistant Secretary, Thomas G. Hickman, of Vandalia; Treasurer, George N. Kreider, of Springfield.

At the afternoon session the following papers were read and discussed: "Therapeutic Illusions and Delusions, or False Inferences in Medical Practice," by N. S. Davis, Chicago; "Medical Use of Ergot," by Katharine Miller, of Lincoln; "Chronic Inflammation of the Brain," by W. J. Eddy, of Shelbyville; "Infantile Paralysis," by D. R. Bower, of Chicago; "Treatment of Selflimited Disease," by Carl E. Black, Jacksonville; "Erysipelas," by A. G. Servass, Havana; "Diphtheria," by E. Fletcher Ingalls, Chicago.

Human and Fowl Tuberculosis.—Dr. Parsons read a paper, before the Royal Academy of Medicine in Ireland, on human and fowl tuberculosis, which was illustrated by some recent specimens of tuberculous deposits in the liver, spleen, and intestine of fowl, by microscopical sections, and also by cultures of human and avian tubercle bacilli, for which he was indebted to Professor Straus, of Paris. The difference in the appearance of their cultures was manifest, and the maximum temperature at which the respective species grew was different; but still more striking was the pathogenic effect of the micro-organisms. In animals, such as guinea-pigs and rabbits, to which a small dose of either culture was fatal, there was found at the necropsy in those injected with bacilli of human origin a generalized eruption of tubercles visible to the naked eye, while the animals inoculated with avian bacilli presented no microscopically visible tubercles. Dogs were susceptible to small doses of human bacilli, but death resulted from avian bacilli only after a very large injection. To the important question of the susceptibility of men to infection by the bacilli of fowl tuberculosis, Koch was, at the tenth International Congress, in Berlin, 1890, unable to give a positive reply.

Typhoid Fever in Children.—At the ecentr meeting of the American Pediatric Society, Dr. W. P. Northrup, of New York, read a paper on "Typhoid Fever in Children Under Two Years." He insisted

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upon the difficulty of diagnosticating typhoid fever in children, and stated that among 2,000 cases he had never seen a case of typhoid fever in young children (under two years). As to the lesions simulating typhoid fever, his experience was that swollen Peyer's patches and swollen mesenteric nodes in young children never meant typhoid fever. The object of the paper was to raise the question as to the frequency of the fever in young life and to warn against attributing to the lesions of the small intestine in young children the same interpretation that would apply in adults. The paper was intended to strengthen the view that typhoid fever in children under two years never occurs. The exceptions must be very rare. The cases used in illustration were worked out bacteriologically.

Treatment of Abortion and Some of the Complications Incident Thereto.—At the late meeting of the Georgia State Medical Association, Dr. W. A. Crow read a paper (*Jour. Am. Med. Ass'n.*) on this subject. He emphasized the following points:

1. The marked tendency to infection in all cases of abortion.

2. The urgent necessity of removing, as far as possible, all sources of infection, this includes clean hands, clean instruments, cleanliness of person and bedding.

3. The importance of thoroughly satisfying ourselves in all cases of the complete removal of the fetal membranes and placental tissue.

4. Keep the patient under observation for at least two months, with the most favorable surroundings in order to complete involution of the enlarged uterus, building up the general health and keeping the bowels open, if necessary, with salines.

5. Be urgent relative to advice in avoiding the possibility of becoming pregnant for at least six months, as sexual connections produce more or less irritation and congestion of the parts and thereby retard, if not in a measure stop, the condition we most desire in these cases—the normal restoration of the parts.

Suppurative Disease of the Attic.—At a meeting of the Medical Society of Washington, D. C., Dr. C. W. Richardson read a paper on Removal of the Membrane and Ossicles for Suppurative Disease of the Attic, reporting a number of cases successfully treated in this way (*Nat. Med. Rev.*). Dr. Swan M. Burnett said that the operation was a comparatively new one. If there was no involvement of bone and the suppuration was confined to the mucous membrane of the tympanic cavity the treatment was satisfactory. Where the necrosis did not get well, the individual went through life suffering. Where there is disease of the drum cavity and its roof, the important step is to open the roof and let out the pus, when the relief is immediate. Any other local treatment is impossible for obtaining permanent relief. The rational treatment is to remove the necrosed bone, for, if no good is accomplished, no harm is done.

Keeley has been threatened with dynamite by the wife of a man who is said to have died of the treatment at Dwight.

The Medical Association of Central New York will hold its twenty-fifth annual meeting in Syracuse, at the Empire House, on Tuesday, the 31st inst.

Public Institutions of Boston.—The Mayor has sent to the Board of Aldermen requesting an appropriation to the amount of $287,000.00 for the purpose of enabling the Department of Public Institutions to dispense with the insane hospital at South Boston.

An Apology.—We feel that we have done the Cincinnati College of Medicine and Surgery an injustice, says the *Lancet. Clinic*, by not calling attention to the fact that Dr. W. R. Amick is no longer connected with that institution. He was removed at the first meeting after the publication of Dr. Amick's unfortunate article. We desire to call especial attention to this fact.

Memorial Pavilion to Dr. Abram Du Bois.—The family of the late Dr. Abram Du Bois have announced to the Trustees of the New York Eye and Ear Infirmary their intention of presenting the sum of $80,000 for the erection of a new pavilion as a memorial of Dr. Du Bois, who for nearly fifty years was attending and consulting surgeon to the Institution, and was always one of its most devoted friends and munificent benefactors.

The Journal of Medical Philosophy and Practice has just appeared in Philadelphia. It is edited by Dr. P. McCahey who writes his announcement in the following terms:

A Monthly Journal devoted to Medical Science in general, and in particular to the "increase and diffusion of knowledge of the effects of Atmospheric Air upon the mental and physical welfare of mankind," including the consideration of the presence of air within the tissues and cavities of the body, its functions in health, and its influence in disease, its utilization as a mechanical agent by the various organs of the body, the disorders and accidents caused by undue alterations in its quantity, quality, density, and temperature, or by interference with its normal internal circulation and therapeutic measures indicated by a knowledge of its presence and condition within the body.

This appears to our mind to savor very much of being "full of wind" as the cant expression has it.

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The Fourth International Congress for the Study of the Abuse of Alcohol will be opened on September 8, 1892, at The Hague. The following subjects will be discussed: Alcoholism from a moral, hygienic and medical point of view; The preventive and educational means employed to correct the abuse of spirituous liquors (societies, meetings, the press, popular entertainments). The coercive means available by the State and the community to overcome drunkenness.

Coffee Intoxication.—The following is reported by the daily press: A case where a man has become insane through excessive indulgence in coffee was discovered in Chicago recently, when Peter McKeever was examined. While the doctors were proceeding with their investigation McKeever became violent, and before he could be controlled he had torn his clothing almost from his body. For the past two or three years he has taken scarcely any solid food, but has subsisted almost entirely on coffee.

Not Homeopathic.—The following dose is administered by the *Southern Journal of Homeopathy*:

The "largest subscription-list of any Homeopathic medical journal in the world" so-called journal, claiming St. Louis as its home, is the champion purloiner as well as the champion braggart of the whole country. Not only does it appropriate whole articles from other journals without giving credit, a very unjournalistic thing to do, but it actually appropriates the names of men prominent in the profession because of the caste their use gives to it with some people and puts them on its collaborator list without their knowledge or consent, some of which it does not even spell correctly. Bluster, blow, and journalistic dishonesty seem to characterize its course to a considerable extent, and yet it actually assumes to rank with the legitimate journals of our school. The gall of some men and of some establishments is absolutely appalling.

The New York Woman's Hospital.—The Aldermen have agreed, on certain conditions, to let the Woman's Hospital, sell the block the hospital stands on, bounded by Fourth avenue, Forty-ninth street, Lexington avenue and Fiftieth street (*Med. Rec.*). One of the conditions is that fifty free beds be assigned in the hospital for the use of invalids recommended by the Aldermen. The new hospital property, which is to be paid for with the proceeds of the sale of the old, will be held on much the same terms as the old site, and cannot be disposed of except with the city's consent. It is said that the New York Central & Hudson River Railroad Company have offered the trustees nearly $1,000,000 for the plot, and that the new site, which the trustees wish to purchase in the annexed district, can be had for $300,000. Originally the city gave the present site to the hospital for $1.

The Chicago Pathological Society has a lady president, Dr. Eliza H. Root.

Strange.—According to *Medical Progress*, a girl baby was born at Carthage, Mo., that was eight inches long and weighed eight ounces at birth. *It was not a pair of twins either*, but was said to be healthy and strong, and had good use of its tongue.

One of the Most Brilliant of Modern Novelists, says a cotemporary, is Dr. Conan Doyle, an Edinburgh surgeon, who has, however, given up the art of medicine for the art of writing. One of his successful characters is that of an astute detective, the prototype of whom was a Professor of Medicine at the University. This gentleman, we are told, would go into his patients' waiting room with a face like a red Indian, and diagnose the people as they came in, before even they had opened their mouths. He would tell them their symptoms, he would give them details of their lives, and he would hardly ever make a mistake. "Gentlemen," he would say to us students standing around, "I am not quite sure whether this man is a cork cutter or a slater. I observe a slight callus or hardening on one side of his forefinger, and a little thickening on the outside of his thumb, and that is a sure sign he is either one or the other."

Resigned.—The Board of the Fulton (Mo.) Insane Asylum has has been investigating the charges preferred against the superintendent, Dr. Le Grand Atwood. Before adjourning, a member of the Board, Mr. Russell, expressing the opinion of the majority of the board, presented the following resolution, and moved its adoption:

Resolved, That while we find from all the testimony before us that Dr. Atwood has been guilty of no criminal act or wrong and has been moved at all times by a desire to benefit his patients and has labored with great ability and zeal in their behalf, and has manifested the highest requirements and best qualifications, professionally, in his present position, yet we further find that Dr. Atwood has been guilty of many indiscretions in this institution, namely: Habitually profane language in the presence of employes, attendants and patients, indiscrete familiarity with female patients, as hugging and caressing a large number of them in the presence of attendants, and other patients; and we further find, that while all of such acts were without criminal intent on his part, yet they were indiscrete and improper conduct coming from the superintendent of this asylum, and we believe that it will be to the best interest of this institution that his relation therewith be severed. The resolution was unanimously adopted.

Immediately following that action came the resignation of Dr. Atwood, to take effect on or before the first of June. On motion of Mr. Russell it was accepted, all the members voting aye. The board adjourned to meet in June.

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Useful.—Resorcin, in five to ten grain doses, dissolved in plenty of water and flavored with orange-peel syrup, is reported to relieve the nausea and depression following the excessive use of alcoholic stimulants.

Dr. Ferdinand M. Pasco, of Red Creek, N. Y., died of acute peritonitis in that village on April 5, 1892, Dr. Pasco was fifty-two years of age, and had been actively engaged in the practice of medicine for nearly thirty years.

American Surgical Association.—Preliminary Program.—This Association will meet in Boston, Mass., Tuesday morning, May 31, and June 1 and 2, 1892, in the hall of the Natural History Society on Berkeley Street.

Special subjects for discussion:

1. "The Treatment of Uncomplicated Fractures of the Lower End of the Humerus and of the Base of the Radius," by John B. Roberts, M.D., Philadelphia, Pa.

Discussion by Drs. John E. Owens, of Chicago, John H. Packard, of Philadelphia, C. B. Porter, of Boston, and J. Ford Thompson, of Washington, D. C.

2. "Fibroid Tumors of the Uterus," by John Homans, M. D., Boston, Mass.

Discussion by Drs. F. E. Lange, of New York, M. H. Richardson, of Boston, A. M. Vander Veer, of Albany, J. Ewing Mears, of Philadelphia, and George R. Fowler, of Brooklyn.

3. "Surgical Operations in Persons Suffering from Eiseases not connected with that necessitating the Operation, such as Chronic Malarial Poisoning, Diabetes, Organic Heart Disease, etc.," By W. T. Briggs, M.D., Nashville, Tenn.

Discussion By Drs. T. F. Prewitt, of St. Lonis, Hunter McGuire, of Richmond, and W. W. Dawson, of Cincinnati.

4. "Surgery of the Tongue," by N. P. Dandridge, Cincinnati, Ohio.

Discussion by Drs. D. W. Cheever, of Boston, D. W. Yandell, of Louisville, and L. McLane Tiffany, of Baltimore.

5. "Conditions demanding Excision of the Globe of the Eye," by W. H. Carmalt, M.D., New Haven, Conn.

Discussion by Dr. Wm. Thomson, Philadelphia, Pa.

6. "Ancient Contractures of the Hip and Knee Joints," by T. F. Prewitt, M.D., St. Louis, Missouri.

Discussion by Drs. DeForrest Willard, of Philadelphia, and Robert Abbe, of New York.

7. "Report of Operations upon Spina Bifida and Encephalocele, with remarks," by A. T. Cabot, M.D., Boston, Mass.

The Association will meet on Wednesday morning, in the Amphitheatre of the Massachusetts General Hospital, and on Thursday morning in the Amphitheatre of the Boston City Hospital.

PHINEAS S. CONNOR, President.

J. R. WEIST, Secretary.

Some Idea of the numerous preparations of the patent medicine business can be learned from the recent statistics which show that about five thousand different remedies are placed on the market each year. Out of this number less than one hundred survive to report a beginning of their second year.

Five Thousand More.—So far, fifty-five medical colleges in this country have graduated two thousand five hundred and sixty-eight students. As there are over seventy one more colleges to hear from, the supply of doctors this year is likely to equal the demand. At present rates five thousand new doctors seems a reasonable expectation, and their work among the sixty odd millions of our population is something to be looked forward to with interest.

Where Ignorance is Bliss.—The following story from the *California Medical Journal* lacks but one essential of a good story—verisimilitude to fact. Aimed at ignorance the author displays a goodly share of it when he forgets that a glass speculum is either silvered or is unfitted for use. However we give his story as given from an eclectic point of view, regarding a regular physician:

The one in point styled himself a Allopath from away back; wouldn't have anything to do with "an irregular for nothing"—not he; "had practiced Physic nigh on fifty years," in the good old way, but his eye sight was failing him and he asked to borrow a large magnifying glass, called a dust glass and used for the purpose of examining gold dust, from the writer, and also a glass speculum. With these articles he went away happy, to return in a short time very unhappy, frustrated, perplexed and perspiring and mopping his brow with a large bandanna and looking altogether miserable, returning the glass without even so much as an "I thank you," and minus the speculum entirely. On pressing him for an explanation he brokenly related the following particulars which are perhaps best told in his own way:

"Well, you see, I had a woman troubled with her insides and I wanted to see what was the matter, so I came and borrowed that glass and that there barreled thing—(meaning the speculum). I went down to her house and got her up clus to the winder where the sun wuz shinin' in right bright and the light wuz good; placed in that there barrelled thing, then got the big glass over it and was peerin' in to see what was wrong when all at once she fotched a yell and jumped offen the table and toar outen the room like a cat with the piles. In course the barrel busted all to pieces. She shut herself in her bed-room and wouldn't allow me to come near her agin."

I did not wait to hear any more for I knew that that dust glass would set a stick on fire quite a distance away by focusing the sun's rays upon it. I am out that speculum.

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Dr. W. H. Hess, of Shiloh, Ill., died on May 12 last. He was an old subscriber to the REVIEW.

The First Commencement of the Training School for Nurses of the Maryland University was held May 4.

At the Regular Meeting of the New Jersey Historical Society, at the rooms, corner of Broad and Bank streets, ex-Judge Ricord read a paper on the life work of the late Dr. Abraham Coles.

It is Reported from Merv that the cholera in Northern Afghanistan is increasing the area of its devastations and spreading into Persia. The Russian authorities on the Afghan and Persian frontiers have ordered a strict quarantine of forty days, and a sanitary cordon is to be established at once. Special attention is be the directed to the Mussulman pilgrims returning from the holy city of Meshed.

The Omaha Medical Society has elected the following officers for the ensuing year:

President, Dr. W. O. Bridges;
First Vice-President, Dr. Harrold Gifford;
Second Vice-President, Dr. Eleanor S. Daily;
Treasurer, Dr. S. K. Spulding;
Secretary, Dr. George Wilkinson;
Board of Censors, Drs. E. E. Womersley, H. P. Hamilton and A. B. Somers.

A Lively Imagination.—A recent antivivisection meeting held in Sheffield, is worth notice merely for the "tall" talk which one speaker indulged in. From the newspaper reports it appears that besides telling his audience of cases where children had been inoculated with various loathsome diseases for the purpose of enabling the students and medical staff to watch the progress of the malady, he stated that "thousands of limbs, too, were amputated for the sole purpose of demonstrating Lister's antiseptic treatment of wounds." This last statement is tolerably direct, but, as usual with such agitators, was made where particulars were hardly likely to be asked for.

Licensed to Practice.—The Illinois State Board of Health during the week ending May 20, issued State certificates entitling them to practice medicine and surgery to the following physicians: Otto Brown, W. C. Cox, Francis Crane, Wm. H. Fenner, Herman C. Hill, Wm. E. Kidd, Simon C. Landauer, F. H. Odendahl, David Proven, Arthur O. Tiedt all of Chicago; Albert Cooran, Brimfield; Thos. L. Granay, Anna; Benton W. Hale, Edward M. McCeney, Elgin; Thos. W. O'Riley, St. Louis; H. B. Scoville, Dixon; Jas. A. Stough, Mishawaha, Jas. W. McDonald, Aurora. State certificates entitling to practice midwifery were issued to Marianna Banah, Kirstine Samson and Clara E. Hill, all of Chicago.

Dr. Russell Abell, of St. Louis, is said to have been arrested recently for kicking and beating Nellie Long, his alleged mistress. She is said to have been confined to bed in consequence of the injuries sustained.

The Medical News, of Philadelphia, has at last yielded to the inevitable, and has decided to drop the digraphs "æ" add "œ" except in Cæsarean, Nævus, Frambœsia, Amœba and Pharmacopœia says an exchange. The change is a commendable one, but the editor should take the bull boldly by the horns and drop the digraphs in everything and forever in words that have become Anglicized, as the REVIEW has done.

Hydrophobia in Bombay.—Something like a panic is said to prevail in the native town of Bombay on account of numerous cases of dog bite which have recently occurred. There were eight deaths from hydrophobia in 1891, and one has taken place since the beginning of the present year. A war of extermination is being waged against ownerless dogs, no fewer than 6,796 having been poisoned in the course of the twelve months ending October, 1891, and 3,342 having since shared the same fate. In this work, however, considerable difficulty is met with the Jains, Hindus, and other castes putting collars on pariah dogs, and placing all other possible obstacles in the way.

A Swindler.—The following appears in the Boston *Medical and Surgical Journal:*

WATERBURY, CONN., May 5, 1892.

MR. EDITOR:—It may be of use in exposing a swindler and stopping his further operations if you will state in the Boston *Medical and Surgical Journal* that a man giving his name as "Jno. D. Martin," and pretending to be an agent for the "Home Supply Association, 315–321 Wabash Avenue, Chicago, R. S. Peale, General Manager," with a branch office at No. 2 Beacon Street, Boston, has been exploiting towns in Connecticut. He has no credentials. Yours Truly,

WALTER H. HOLMER, M.D.

The Work of the Heart.—M. Lewy, of the Society of International Medicine, of Berlin, recently reported the results of some investigations made for the purpose of determining the amount of work done by the heart; he concludes that this is less than has generally been supposed. According to his calculations, the work accomplished by the heart is equivalent to raising its own weight 2160 times in one hour. He finds the leg muscles able to do an equal ampount of work, from which he concludes that the heart muscle is not different from other muscles, as regards the amount of work which it is able to do. It must be remembered, however, that the heart works incessantly during the twenty-four hours, whereas the leg muscles are not able to sustain continued work for more than eight or ten hours daily.

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Maybe So.—An exchange states that, except in rare instances, it will be found true that editors of medical journals are giving without compensation their time, thought and, frequently, money for the interests of the profession.

Yet the best medical journals in this country have editors who receive a salary.

A Leper Presented.—At the meeting of the Illinois Eclectic Society, held at Springfield, Ill., May 18, a leper was introduced to the assembly in the person of John Moer. He is a Swede by birth, now a resident of Chicago. He is a cabinet-maker by trade, is 31 years of age, and has been in this country ten years. The disease developed since he came here. His body is scaly and his face is covered with tubercles.

Antiseptic Mouth Wash.—How to preserve the teeth, keep the mouth sweet and clean, and give the breath a pleasant odor; the following mouth-wash is recommended by Dr. Miller, of Berlin, the well-known dental surgeon:

℞ Benzoic acid, - - - - - ʒj.
Tincture of eucalyptus, - - ʒjv.
Oil of peppermint, - - gtt. xij.
Spirits of wine, - - - ℥iijss.

M. A teaspoonful of this in a tumbler of water should be used as a mouth wash night and morning; also after each meal.

Leprosy in a Box Car.—Hop Sing, the Chinese leper, whom the Health Board dragged from his laundry last July and shipped to the Pacific Coast, is back in New York again. He went away with another leper in a party of thirty Chinamen going back to the Flowery Kingdom. At Vancouver, British Columbia, the lepers made a sensation among health and railroad officials and their further progress was stopped. For a couple of weeks they were kept insolated in a tool shanty. On September 22, they were bundled into a box car with a barrel of water and some bread, a hole was made in the end of the car to admit air, and the door was locked. Then the car was hauled over the American line and side-tracked. Then the car was shoved over the boundary line again. By the time the bread had given out the rolling Lazaretto had reached Vancouver. The lepers were put in the tool shanty again and were passed food on the ends of long poles. Then they were put in the box car again and just how many times they traveled back and forth over the line between America and the British possessions Hop Sing does not know. The one bright spot in the succession of dismal railroad trips was the visit paid him by a French Canadian priest. The box car finally brought the two lepers East, the Dominion Government having put a stop to the shunting of the car back and forth across the boundary line.

Now is the time to subscribe for the WEEKLY MEDICAL REVIEW

Ulcerated Chilblains.—Dr. Brogg recommends for ulcerated chilblains (*Medical Record*):

℞ Acid. carbol., - - - - - ♏xv.
Ung. plumbi,
Lanolini, - - - - - aa ʒv.
Ol. amyg. dulc., - - - ʒss.
Ol. lavand., - - - - gtt.xx.

M.

Sig. Apply two or three times daily.

Pains in the Back.—The following is recommended:

℞ Tr. of actæ racemosæ, - - ♏xx.
Chloride of ammonium, - - gr.x.
Syrup of oranges,
Water, - - - - - - aa ʒij.

M.

Sig. To be taken before meals three times a day.

For the backache of females this will nearly always give relief.

Chronic Rhinitis.—In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts water. Note: The iodine is decolorized in preparation, a clear solution of light amber color resulting:

℞ Sodii Boras., - - - - ʒss.
Sodii Bicarb., - - - - ʒj.
Aquæ Puræ, - - - - ℥ij.
Dissolve and add
Acid, carbol., - - - grs.xv.
Tr. Iodi, - - - - ʒiij.
Listerine, - - - q. s. ad ℥vj.

M.

Dyspepsia.—The following is recomended by a recent writer:

℞ Creasoti, - - - - - gr.ix.
Alcohol (80%), - - - ℥ss.
Glycerini, - - - - ʒjss.
Syr. tolut., - - - - ℥j.
Aquæ laurocerasi,
Aquæ destil., - - - - aa ʒj.

M.

Sig. A teaspoonful at a dose.

Another author prescribes:

℞ Vini condurango, - - - ʒij.
Resorcin, - - - - gr.x.

M.

Sig. A teaspoonful every three hours.

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Takeanip.—"Is the Keeley cure a good thing?"

Col. Soaker.—"Indeed it is; I have been cured three times."

Doctor.—My dear madame, there is nothing the matter yith you—you only need rest. "But Doctor, just look at my tongue!" "Needs rest too, madame."

Out of Fashion.—"His trial was a remarkable one."

"How?"

"His lawyer didn't enter a plea of insanity."

Levi.—Mein sohn vas teatt. How mooch you scharge for emparming de body? Undertaker.—We will do a very satisfactory job for $50. Levi.—Und how mooch you tiscount for a corpse with one cork leg.

Advertisement—An exceptional opening with

plenty to do for a dentist. Can be seen Sunday, 11 A. M.

A Household Remedy.—"Doctor, my son William is not well. He has not got any appetite, and he complains of headache and general debility."

"My dear madam, the best thing is to try a simple household remedy."

"What household remedy do you suggest, Doctor?"

"Deprive him of his latch-key so he will be obliged to stay at home after dark."

Not a Bad Guess.—Miss Allsoul.—"I take it, Mr. Longface, that you, too, have seen your trouble in life's voyage. I feel that my own sad experience gives me the right to speak; you'll take no offence, I'm sure."

Mr. Longface.—"Oh, not at all; certainly! I havn't been without my affliction."

Miss Allsoul (with a look of deep interest).—"A heart trouble, I fancy."

Mr. Longface.—"Well—in that neighborhood—weak digestion."

The Delicious Dude.—What's worrying you, deah boy?

The Desperate Dude.—I'm trying to find out the least dangerous method of committing suicide. I'm tired of life.

Miracles Still Happen.—"Wonderful! wonderful! The raising of Lazarus was nothing to it!"

"What are you talking about?"

"Why, Henry Irving has revived Henry the Eighth. 'Tis a wonderful age we live in."

Peddler.—Beg pardon, ma'am, but I am agent for Dr. Feeder's Spice Root Bitters, and I'm sure if the members of your family would try them they would soon have the finest appetites—

Lady at Door (severely).—This, sir, is a boarding-house.

The Old Spring Combination.—"Here we are again!"

Mrs. Manly.—"Very few faces look alike in repose."

Mr. Curry.—"True; so many people sleep with their mouths open."

Dr. Pillsbury.—Well, Mr. Sceptic, did you follow my prescription?

Sceptic.—No; if I had I would have broken my back.

Dr. Pillsbury.—Why, what do you mean?

Sceptic.—I threw the prescription out of the window.

White Spattes.—Did you ever observe what a difference clothes makes on one's mind? Now, when I am in my riding togs, I'm all horse; when I have on a business suit, my mind's full of business; when I get into evening dress my mind takes a purely social turn.

Jack Syneck.—And I suppose that when you take a bath your mind's an utter blank.

The Functions of the Spleen.—Bruecke, the former professor of physiology at the University at Vienna, whose death occurred some time ago, was examining a candidate. He asked what were the functions of the spleen. The student, after thinking some time, answered that he had foagotten. "How unfortunate," said the professor, "you alone knew them and you have forgotten!"

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Herbert Durand, the advertising agent of the Wabash Railway, has just issued a very attractive report of the famous "Lillian Russell's Ride." This trip was made on the Wabash from Chicago to St. Louis in six hours. The pamphlet contains a photo-engraving of Russell, a fac-simile of her letter to Frank Chandler and photo-reproductions of the reports of the record-breaking event from the Chicago and St. Louis newspapers. Mr. Durand is one of the best advertisement writers in the country.

Seventy-Eight Miles an Hour.—An important engineering test was made recently on locomotive 870, running the State express on the New York Central. The work was done by Angus Sinclair, editor of the *Locomotive Engineering*. He sat on the box in front of the engine cylinder and steam indicator diagrams all the way between New York and Albany. A speed of seventy-eight miles an hour was recorded and the engine developed over 1,600 horse-power. The work of pulling that fast train was done on a cool consumption of 200 pounds of coal per horse-power per hour.

Chief Surgeon W. H. Morehouse of the Wabash railroad, has issued the following circular letter to the surgeons of his system under date of April 28:

Dear Doctor: The coming meeting of the National Association of Railway Surgeons will be held at Old Point Comfort, Va., May 25 next. Transportation will be granted members and their wives only. The membership certificates will be good from Cincinnati over the C. & O. railroad for members and their wives. The office, on application, will procure transportation to and from Cincinnati over such roads as will be most convenient for the members. For surgeons of the Wabash railroad and their wives who have not the membership ticket transportation will be furnished to Old Point Comfort and return.

West Virginia Resolutions Rebuked.—The Ohio State Medical Association, at its annual meeting at Cincinnati May 5, unanimously adopted the following report of the committee on the West Virginia memorial (*Railway Age*), thus showing that the medical profession of the Buckeye state has no sympathy with the cranky attack of Dr. Sharp upon railway surgeons:

Your committee begs leave to report that upon due investigation of the memorial presented by the West Virginia Medical Association at the last meeting of this society and passed at a meeting of said association held at Parkersburg, W. Va., Dec. 4, 1890; that your committee deems it inexpedient for this society to undertake the regulation of the fees or contracts made by its members, and therefore does not find any cause for action by this society on said memorial.

DUDLEY PALLEN, Cleveland, O., chairman.
R. HARVEY REED, Mansfield, O.
SAMUEL S. THORNE, Toledo, O.
Committee.

In Great Luck.—Farmer Hoskins (as he alights), Wall, if this ain't a stroke of fortune! Three hundred

for the horses and wagon, and five thousand for the old woman.

American Medical Association at Detroit.—For this occasion the Toledo, St. Louis and Kansas City R. R.—CLOVER LEAF ROUTE—will issue tickets for one fare, round trip, $12.00. Tickets on sale June 6th and 9th; limited to June 13 for the return. Double daily service. Free buffet reclining chair cars. Buffet vestibuled sleepers. Ticket office, 505 Olive Street.

The Baltimore & Ohio, says the Pittsburgh Post, has in its employ a man possessing a memory of almost incredible power. His name is Dan Thornton, and he lives at Chicago Junction. He was formerly Erie yardmaster at Youngstown, and is now conductor of a Baltimore & Ohio through freight, running between Warren, Ohio, and Chicago Junction. Recently he had occasion while the train was lying at Ravenna to take what is called in railroad parlance a train list, that is, to ascertain the name, number and kind of each car composing his train. He inspected 45 cars and without the aid of any kind of memorandum made a correct report of the 45 cars purely from memory, covering the following points: name, number, kind, weight and tons capacity. He never takes a book when making a train list and has never been known to make a mistake. His highest record covers 75 cars, which he says is as high as he cares to undertake.

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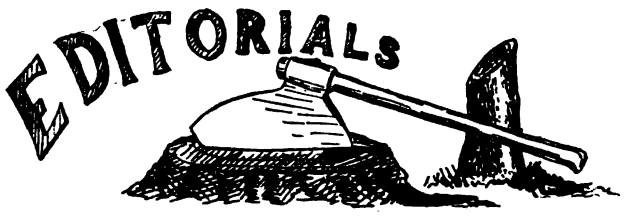

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Medical Highbinders.

The "highbinder" was regarded at one time as a Chinese peculiarity *sui generis*. The methods of this Oriental institution seem to have invaded the ranks of the medical profession, more especially in respect to what is known as medical politics. As our readers know, the American Medical Association will hold its annual meeting at Detroit in a few days and we have been hearing the knives and axes ground for some time past. Schemes of all sorts have been fomenting, lists of victims have been made, and it is only a question of opportunity now. No one knows who will be immolated and everyone is on his guard lest he be one of the chosen few who are to fall before the sanguinary instruments of destruction.

If we are to believe the more or less reliable reports which have been circulating of late, schemes of various kinds and more or less numerous are in progress of construction. Much activity has been displayed to further them and, it is confidently asserted by those who know, that some surprises are in store. It is this constant scheming, these efforts whose final consummation elicits the inquiry *cui bono?* which have alienated so many members to other associations in which more medicine and less politics are to be found. We do not wish to decry the Association, by any means, for it remains to-day the representative of the brains and brawn of the medical profession of this country. But the methods which have been adopted are in no wise conducive to its prosperity and the time has come when a halt must be called. There are men who belong to the Association whose motto seems to be "rule or ruin," and these are the ones who are the true representatives of the medi cal highbinder. They are ready to sacrifice any one or anything to their own aims and ambitions and they are the ones who must be suppressed. Others, again, there are who, while meaning for the best, are bungling in their methods and simply play in the hands of their opponents. They lack in the astuteness and finesse of the others and, as a result, they become the subservient means of the more shrewd and alert schemers. The principal fault certainly lies in those members who do not show sufficient interest in the affairs of the Association to protect themselves against the insidious encroachments which are made.

To cite an example of what would appear like an attempt at sharp practice we will quote an apparently innocent proposition which recently appeared in the *Journal* of the Association. It is "that there be created an executive committee of each Section, consisting of three members, each serving for three years, the first three serving respectively one, two and three years, the yearly vacancy being filled by the retiring chairman of the Section. It was proposed that these several Section committeess should together constitute a general business or executive committee of the Association.

"To this committee could be referred all such matters as the selection of place and time of meeting, the nomination and selection of the general officers of the Association. This committee could also hear and act upon most other business affairs of the Association.

"This would place a very considerable amount of onerous work upon the members of the Committe, but its compensation would be found in the appreciation and recognition of its time saving labor to them, by the great body of members, a large proportion of whom are, at every meeting, new men and not familiar with the necessities and work of the organization.

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"The proposed plan would place the business of the Association in the hands of the older and more experienced members, and at the same time the annual rotation of Section chairman would continuously eliminate the old and introduce the warmth and enthusiasm of new blood. Stagnation and turmoil would not likely occur under such conditions. The prosperity of the Sections and of the Association being identical, this committee of experienced members could originate and formulate any measures they may deem essential for the prosperity of the Association, and thus keep it in all respects abreast of the times and of its demands."

Upon its face this looks like an honest and fair proposition, but what possibilities does it not suggest? It is almost an open invitation to "gerrymander." The organized few can readily manipulate the sections and secure committees to suit themselves, unless means be adopted whereby a number of restrictive conditions can be made. For instance, the section on ophthalmology, or dermatology may be flooded with a number of members who take no particular interest in these specialties but whose votes can easily carry off everything before them. Again, no provision is made to hold these elections synchronously and repeating could be very easily carried on under other circumstances. Of course, we do not wish to say that such will be done, but the proper safeguards have been either wittingly or unwittingly omitted and certainly the condition offers temptations to the unscrupulous.

We have already spoken of the *Journal* of the Association and we certainly had no desire to reflect upon its editor: He has been so hampered and hedged in that he could not control the publication he edited in that manner which should certainly have been his perogative. Was there an object in view when this was done? From present indications it would almost appear that a certain number intended making a scapegoat of him. Every fault found, every dissatisfied expression heard, in fact, everything that can be conveniently shifted will be fathered upon him. He has been placed in a most unenviable position and he will be made to bear the brunt of all the fault-finding and complaints. Somebody desires the position, so we are informed; and, as it appears to be a lucrative one, there is no doubt in our mind that some means will be attempted to attain the desired end. Who are the most ready and fit to carry out such a plan? Evidently those who are sharpening their axes—the medical high-binders.

In view of all these circumstances, it behooves the members of the Association to attend the coming meeting in force; to consider every proposed action deliberately, and to see that nothing is hastily done. Many things of the utmost importance to the medical profession will be brought up and the influence of whatever action is taken on these questions will be far-reaching. Above all, the members who have the interests of the profession, as well as their own, at heart should not fail to attend the business and legislative meetings. They should follow every move carefully, and consider what its future effects may be. It has been asserted that this will prove a critical year for the Association and its *Journal*. For that reason the proper stimulation, care, and watchfulness are more than ever a necessity in order that it may successfully tide over the crisis. So far as scientific work is concerned, a success is already assured. So far as the purely legislative portion of the meeting is to be considered there is necessity for careful action. Whatever means are adopted should be radical. They should be of such a character as to insure the future success of the Association in every respect. They should be such as to place it in an impregnable position and lift its organ to the high standard now occupied by the leading weekly medical journals published in the English language.

Scepticism appears to be largely indulged in by physicians in modern times. The French correspondent of *Merck's Bulletin* states that it is prevalent in France. Some even carry their scepticism to an extreme concerning therapeutics and treatment. The science *pure and simple* is a grand and beautiful thing, we certainly will not deny; but interest in one's patients and the obtainment of a cure are surely something; hence, the therapeutic art is still worth cultivating. That a very great physician, whom we know, should have gone so far as he has in the localization of lesions most difficult of diagnosis and that he should glory in his determination to go no further, is certainly worthy of consideration from a purely scientific point of view; but what would his patient say if he heard our scientist whisper in a colleague's ear—that after having discovered the nature and degree of the malady in question, its position and extent as far as it is possible—he would merely prescribe water, and here and there, but not often, a little iodide of potassium? Would not this patient be justified in thinking that, as far as he is concerned, the consultation and the obligations imposed on him by it are really superfluous, and that—perhaps with a less scientific diagnosis—a more modest city practitioner, careful, attentive and well up in therapeutics, would suit his case much better and at less cost!

Brains vs. Drugs is the subject of the following remarks at the hands of Dr. Goodheart, according to one of our exchanges. The author says: I am sure at the present day we are too likely to forget that the highest position we can take is to cure people by advice rather than by drugs; to make the public pay for the use of our brains, and not for so many ounces of physic. Drugs have their own field, but they are our instruments only; of themselves they have no vitality, and a sound common sense—may I say a robust physiology?—has a larger mission than they in the treatment of disease. There is a time to give drugs, and even to give them with a free hand, but there is equally a time when advice only is needed, and not physic—shall I stop there?—no, when to give drugs is quackery! Yes,

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there are times when to give medicine is to give poison, for it sends the poor patient on a hunt for health which no physic will procure, and it lets slip the opportunity?

Away With the Hollow Pessary, is the cry of the New York *Medical Journal* which goes on to say that a hollow Hodge pessary is an innocent looking thing, and it is undoubtedly somewhat lighter than a solid one; but the weight of hard-rubber Hodge pessary is not worth considering, whether hollow or solid, and the hollow article may do damage, as the writer of the article has reason to believe from an occurrence that is within his recent experiecce. Having removed a hollow pessary, when he was about to reinsert it, he found that, although it had been lying for several days in a disinfectant solution, it was decidedly odorous. Knowing that hard rubber ought not to acquire an odor incapable of being dissipated by washing with water, he was for the moment puzzled. He soon observed, however, that, although the instrument had been carefully dried on its exterior, it felt moist on further handling. On closer inspection, it was found to present a pin-hole opening, and it was evident that through this opening the secretions of the vagina had gained access to its interior. This conclusion was further confirmed by applying the test of succussion; on shaking the pessary, the presence of the liquid within it was abundantly evident. It was at once returned to the instrument maker, and a solid pessary was substituted for it. The hollow Hodge pessary is not often met with in commerce, and, considering the danger to which, as this incident shows, a patient may be subjected by its use, it should no longer be put upon the market.

General Practitioners are complaining of the increasing number of specialists. This is a groundless fear. As Dr. John Graham says (*Medical News*):

Among the many early doomed to extinction, according to some writers and teachers, is a class endeared to all through the memory of bygone days—the general practitioner, the family physician. We are told that he must go, and his place be filled by the specialist. Some kindly describe him to us. He is always short, very stout, a little past middle life, and wears spectacles. His resources to battle with disease, generally speaking, consist of bleeding, blisters, quinine, and calomel, with an occasional dose of salts. The humorous journals assist in diffusing a knowledge of him. If this description is a correct one as he at present exists, then, indeed, he must go, for he is no longer suited to his environment; but as a matter of fact, the good-natured old doctor here described has long since almost disappeared. Like the partridge of Pennsylvania, he exists only in small numbers, in the mountain districts; but his improved type—the practitioner of to-day—holds his place by merit, in this and every other civilized land, and is here to stay. If my judgment—gained by a somewhat large experience—is correct, the majority of cases, as they come to us, can be best treated by the general practitioner; the minority alone can with advantage be assigned to the specialist.

A man of moderate ability, industrious, and conscientious, may lead a useful life as a general practitioner, and will be fairly remunerated for his services; but a specialist with only moderate ability in his branch will be a gloomy failure.

Pathology is undoubtedly making immense strides. We are occasionally astonished at the revelations which it furnishes. The following from our esteemed eclectic cotemporary, the *Medical Tribune*, will no doubt create a sensation. Dr. George R. Smith says that locomotor ataxia is curable. Even to the very last stage it is amenable to treatment. By no means is it a hard disease to cope with. It has its beginning in the stomach, and we must begin with it right at the stomach. The first step is to prohibit the use of food that is readily fermentable, and to substitute a diet that is nourishing and that does not evolve gas. This, it will be seen, is attacking the cause of the whole trouble. Attention must be strictly paid to regularity of meals and proper manner of eating. The taking of food at irregular times, too rapid eating, and the swallowing of cold water to aid deglutition, will impair the digestive function and even arrest it. The excessive attention to business at such times, exhausts the nerve-force, deprives the stomach of its normal energy, and so deranges digestion. There are symptoms manifest in such cases, and danger-signals thrown out, but they are too often unheeded. The nervous system, the stomach, the organism of the body will not endure too much abuse. The reforms must be made right here, and the diet corrected and adjusted so as to obviate the evil at its source. This done, the healing force of nature will be made effective for the rest.

Lectures in Medical Colleges are not as highly extolled as formerly. Recitations are considered superior to the the didactic lectures, by many instructors. Dr. Henry Bixby Hemenway says (*Medical News*) that if it is a fact that the student remembers most vividly the instructions in the quiz-class; if in the quiz-class the student can most clearly comprehend the ideas of the teacher, is it not a foolish custom to assign the quiz class to assistants, sometimes undergraduates. There was a time when the primary school wass assigned to the poorest teacher. To day the best school-boards regard the primary teacher's place as the most difficult to fill. It is to be hoped that a like change will soon be noticed in the general opinion relative to the quiz-master.

He who is fit to enter a medical school should be treated as a man, and not as a sponge. We might learn a lesson at the soda-fountain. In charging the water with carbonic acid gas, high pressure (eminent professors) is not sufficient. A little agitation (quizzing) will cause the water (the student) to absorb many times as much of the gas (instruction).

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We would not entirely abolish the lecture system, but rather revive the method of Socrates, and adapt it to the present time. By the use of text-books the student may be prepared for the questioner, and the lecture should be limited to discussing with the class disputed points, or emphasizing important subjects.

Christian Scientists have been the means of causing quite a number of deaths of late. The *Lancet-Clinic* is led to say that Cincinnati has had several such deaths, and there is a prospect of many others in the future. The narration of cases like the above bring into prominence the fact that the laws of the different States regarding medical practice are extremely defective. While restrictions have been imposed in Illinois and other States upon the irregular doctors of the old-fashioned type, no effective legal barriers have been erected against the advent of the new order of "Scientists," who are thus allowed full liberty to experiment with human life and to populate cemeteries. Any fool or crank can herald himself as a "Christian Scientist" and start forth to care for the lives of men. There is no present method of limiting the number of these "scientists," nor of imposing a medical education upon them. It is a rather remarkable fact that in this, the greatest protection country of the world, free trade, in dealing with human life and the practice of medicine, reigns as in no other country. We protect ourselves against merchandise, but not against persons.

The intelligence of the age demands statutes prohibing men and women from engaging in any form of medical practice without first acquiring a thorough knowledge of the various branches of medicine. Our experience with the Ohio Legislature this last winter has convinced us that it is a waste of time and words money to talk about protecting the people against anything. The people think that they know how to protect themselves. The public seems imbued with the idea that the efforts of physicians to secure legislation demanding a thorough medical education is but a selfish effort. The press, also, has always been found battling against that which would legislate away its gains.

A Vexed Question has always been the influence upon a nursing child of food and medicines administered to the mother (*Northwestern Lancet*). One of the latest series of observations is recorded in a French obstetrical journal. This experimenter found that when a child nursed soon after its mother had taken from thirty to forty-five grains of salicylate of soda, the urine of the infant gave the reaction of the salicylate. After twenty-four hours all traces of the drug disappeared from the urine. Experiments with iodide of potash gave like results, and iodine was found in the urine of the child in cases where iodoform had been applied in considerable quantity to vulvar and vaginal wounds of the mother. The transmission of mercury to the infant was found to be slight and irregular, and no effect could be detected upon the infant where the mother had eaten things generally supposed to injure the child, such as lemons, vinegar, etc. Nor was it found that fever on the part of the mother rendered the milk hurtful to the child except when the fever was high and long continued. The most important drugs experimented with were the narcotics, since it has often been claimed that the ingestion of preparations of opium by the nursing mother may profoundly affect the child. Experiments made by the administration of full doses of laudanum to the mother were in some cases followed by prolonged sleep on the part of the child, while in other cases neither prolonged sleep nor constipation occurred. After doses of morphia as large as an eighth of a grain nothing in particular was noticed in the child, and the same was true after full doses of chloral, but the subcutaneous injection of atropia into the mother caused marked dilatation of the pupils of the infant.

A Liberal Offer.—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

Physical Examination of Plaintiff.—Mr. Henry S. Riley says (Pittsburgh *Med. Rev.*) that considerable attention has recently been drawn to the question whether a Court has the power to compel the physical examination of a person in case of injury, by reason of a decision in the United States Supreme Court which denies this power.

This matter of physical examination is an increasingly important one, as damage suits based upon injuries to the person are now numerous, and are likely to become more so in the future. Suits of this kind are usually brought against railroad companies or corporations of one kind and another, and the development of railway communication and the growth of corporate power has been one of the most astonishing features of progress during the past thirty years. In fact, the first case in this country where an effort was made to secure the medical examination of a plaintiff dates back no farther than 1868.

Under the common law there are no precedents whatever, for such a procedure, although there were some instances where a parallel method was allowed because of the apparent necessity of the case. The writ *de ventre inspiciendo* is an illustration of this. This writ was issued for the purpose of ascertaining whether a woman convicted of a capital crime was pregnant, and in such case, to postpone the execution until after the delivery of the child, in order that an innocent life might not be taken for the crime of the mother.

Another illustration, and probably the only other one occurring under common law rules, was that allowed for the protection of the rightful succesion to the property of a deceased person against the fraudulent claims of bastards.

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Pelvic Inflammations.—Dr. Reginald H. Fitz considers this subject (Boston *Med. and Surg.*) and states that pelvic inflammations affect the wall and contents, and that inflammation of the former usually results from disease of the latter.

These inflammations are simple and infective. The former result from traumatic agencies, as a ruptured cyst, a twisted pedicle, a prolonged labor or a tumor. The latter are septic, gonorrheal or tubercular. The sepsis results from bacterial invasion under conditions associated with pregnancy and menstruation, or with attempts at diagnosis and treatment, as in the passage of sounds, the use of tents, instruments and manipulations. The pelvic abscess is usually either a pus-tube or a circumscribed peritonitis, the former far more common than the latter, especially in chronic and recurrent cases. Abscesses of the sub-peritoneal, fibrous tissue of the pelvis may occur, usually proceeding from the uterus as a suppurative parametritis and rarely attain a size to be confounded with the previous varieties.

Both the simple and infective forms of pelvic inflammation may result in adhesions, chronic adhesive peritonitis, and in thickening of the parametrium, chronic parametritis. The former are the chief cause of uterine displacements, the latter are less frequent, and are usually so situated as to produce but little mechanical disturbance.

Simple forms of pelvic inflammation are frequently unavoidable, and, as a rule, require simple treatment, this chiefly medical; infective forms of pelvic inflamma tion are largely avoidable, immediately or remotely injurious or dangerous to life and well-being, and generally demand treatment by surgical methods.

Jaundice.—According to Stadelmann, who has recently made researches on the subject (*Med. News*), under certain conditions, especially such as are attended with disintegration of the blood and hemoglobinuria, it may happen that the biliary coloring-matter is secreted in excess, a state known as polychromia or pleiochromia resulting, in consequence of which jaundice may develop. The mechanism in these cases is, as in the others, really hepatogenous or resorptive. If bile is secreted in ex cess the condition is known as polycholia. This, however, is not necessarily attended with jaundice.

Some of the symptoms associated with jaundice are dependent upon the absence of bile from the intestine. Among these are the deficient peristalsis and constipation; the fermentative changes in the intestinal contents which, in consequence, are more than usually offensive in odor and which sometimes occasion diarrhea; the stools are pale in a degree proportionate to the completeness of the interference with the entrance of bile into the intestine. Other symptoms, like the depression of the temperature, the slowing of the heart, the itching of the skin, are attributable to the presence of the biliary acids in the circulation. In the cases in which more profound and especially cerebral symptoms are present, these may be ascribed to the primary factor in the development of the jaundice, be that infection or intoxication.

Appendicitis.—In a paper on the treatment of appendicitis (*Ann. Gyn. and Pæd.*), Dr. A. Worcester makes the following summary:

1. Appendicitis is an inflammation of a useless organ, dangerously situated.
2. At the beginning of an attack it is not possible to determine whether it will prove of the harmless or of the dangerous kind.
3. The diagnosis is easy in comparison with the task of diagnosticating the seat of any acute inflammation.
4. At the beginning of an attack the excision of the appendix is an easy and a perfectly safe operation.
5. If so treated, all complications and all subsequent attacks are avoided.
6. In view of the results already obtained by following this treatment, no other treatment is worthy of consideration.

Substitute for Mucilage of Acacia.—The following mixture was recommended by Mr. H. D. Sykes, at the last meeting of the Wisconsin Pharmaceutical Association, as a substitute for mucilage of acacia for technical purposes (*Med. and Surg. Rep.*):

℞	Dextrin, white,	℥vj.
	Acetic acid, dilute,	℥j.
	Oil of cloves,	gtt. x.
	Glycerin,	℥j.
	Water, q. s. ad	℥xj.

Mix the dextrin thoroughly with 6 ounces of cold water, add 8 ounces of boiling water, boil five minutes, stirring constantly; add hot water sufficient to make 14 ounces. When it is cold, add the acetic acid, oil of cloves, and glycerin. The oil must be thoroughly mixed with the remainder.

Malarial Diseases.—Dr. J. B. Elliott states (*N. O. Med. and Surg. Jour.*) that the malarial diseases are readily divisible into four groups:

1. The non-febrile intermittent, or latent intermittent.
2. The simple febrile intermittent—acute and chronic.
3. The remittent forms.
4. The pernicious or malignant forms.

Concerning the first group, the non-febrile intermittent, it may be said that the treatment of them has been reduced to a routine certainty, although a complete study and grouping of the many forms is still lacking. I will only notice, in passing, that my experi-

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ence enables me to make two classes of these non-febrile cases.

1. Those affecting the nervous system alone, and taking the form of periodic neuralgia.

2. Those affecting the functions of some organ and causing periodic disturbances which are very apt to be misinterpreted. This class needs some attention and a more systematic tabulation of its forms.

The second group, the simple intermittent, needs no comment. When once recognized their treatment has been reduced to the certainty of a routine.

The third group, the simple remittents, still need collective study. Under this group three types can be recognized:

1. Remittent fevers, upon which quinine has its specific anti-periodic effect.

2. Remittent fevers, upon which quinine has no effect.

3. Remittent fevers, which assume typhoid characteristics.

There are five forms assumed by the pernicious fevers:

1. The congestive.
2. The hemorrhagic.
3. The gastro-intestinal.
4. The comatose.
5. The deliriant.

Dr. Cochran's investigations related only to the hemorrhagic form, which is the most common and the most fatal of the group.

Convulsions in Children.—The following abstract of a talk by Prof. J. E. Winters appears in the *Medical Record*: Safe rule in all cases to see that stomach and alimentary canals are emptied. For this, give a full dose of ipecac, repeating in ten minutes if necessary. If this fails to bring on vomiting, tickle the fauces till successful. Give a copious enema, and follow with a half-ounce dose of castor oil. After purging, give chloral till relief is obtained. For a child two years of age, ten grains in a little water can be given per rectum. A child two years of age will stand half the quantity. Morphine may be used if the convulsions are due to uremia. If scarlet fever or measles is coming on do not purge too freely, as it delays the eruption. The popular hot bath should be used with caution. If the cause of the convulsions is the advent of an infectious disease it may do good, as it brings the blood to the surface of the body and relieves internal congestion. If the convulsions are due to central lesions, when treatment is of no avail the hot bath may possibly be used for the consolation of the patients.

Foreign Bodies in the Ear.—Dr. Theobald exhibited a number of foreign bodies removed from the ear and made observations upon the same (Johns Hopkins *Hosp. Bull.*). He first pointed out the importance of being sure that a foreign body is in the ear before attempts are made to remove it, as much harm is often done through mistakes of this character. The popular belief is that the presence of a foreign body in the ear must necessarily, give rise to serious consequences, and hence that its immediate removal is imperative. This belief is almost groundless. If the foreign body be inanimate, it will, probably, produce no immediate ill effects, unless it be of an irritant character or be so wedged in the auditory canal as to cause mechanical irritation by pressure upon its walls or upon the tympanal membrane. Hasty attempts by unskilful persons, with unsuitable appliances, to remove such bodies are, therefore, to be deprecated, as usually they result in more harm than would ensue from the undisturbed presence of the foreign body. In most instances, especially in the hands of persons not in the habit of operating upon the ear, the syringe is the most useful agent for the removal of foreign bodies from the auditory canal. No harm can ensue from its use, and generally it accomplishes the desired result. As a rule, forceps cannot be used advantageously for this purpose, because, in the narrow canal, the blades cannot be opened wide enough to grasp the intruding body. Occasionally, however, the shape of the latter is such that it may be grasped by a slight separation of the blades, and under such circumstances forceps answer very well. A blunt traction hook, with the under surface of the hooked extremity serrated and having the handle set at an angle of about one hundred degrees with the stem, is the instrument which Dr. Theobald has found useful for the removal of such bodies as cannot be brought out by means of the syringe. Even if the body be tightly wedged in the canal, the point of the hook can be insinuated beyond it and the body dragged or rolled out. During all such maneuvers the ear must be illuminated by reflected light, and every movement of the instrument watched. In difficult cases, displacement of the auricle and cartilaginous meatus has been recommended to facilitate the extraction of the foreign body. He had never met with a case in which such a procedure seemed indicated, and he did not think he would ever find it necessary to resort to it. Live insects entering the ear may cause great suffering through the movements of their wings and claws. Any bland oil poured into the ear will kill them, and thus give immediate relief. Maggots are occasionally deposited in the auditory canal, especially when a purulent discharge is present, and as they are apt to attach themselves to the canal wall they may cause great suffering. They are hard to kill, and may require to be dragged from their point of attachment with forceps. Among the foreign bodies exhibited was a tick, which was found attached to the meatus wall and had to be removed in this manner. The most difficult foreign substance to remove from the ear which Dr. Theobald had encountered, was a mass of cerate that an indiscreet physician had melted and poured into the meatus in order to destroy an insect which had penetrated there. The end he had in view was accomplished, but, as may be imagined, the remedy proved worse than the disease.

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Treatment of Neuralgia by Hypodermic Injections of Cocaine.—Malherbe, of Nantes, states (*Ther. Gazette*) that he has obtained very good results from the employment of cocaine hypodermically, for neuralgia, in one of the following formulæ:

℞ Hydrochlorate of cocaine, - gr. xv.
Water, - - - - - ʒvi.
M.
Or,
℞ Hydrochlorate of cocaine, - gr. xv.
Boric acid, - - - gr. viij.
Distilled water, - - - ʒvj.
M.
Or,
℞ Neutral glycerin, - - - ʒj to ij.
Hydrochlorate of cocaine, - gr. xv.
M.

In making these solutions it is necessary that the cocaine should be absolutely pure. If it is used externally over the nerve it may be dissolved in liquid vaseline in the proportion of two per cent. The method which Malherbe employs is to raise a small portion of the skin immediately over the seat of pain, and to inject underneath it a drop of the anesthetic. The tender nerve is found by the pain which is elicted by gently moving the needle about in the tissues which have been made anesthetic by the first drop which has been inserted by the needle, when several more drops are traced directly in contact with the nerve fibre. Notwithstanding the rapid absorption of cocaine in the blood-vessels, this writer has not seen the untoward effects which others have observed in the hypodermic injection of these drugs, particularly when used about the head. It was found also that larger doses could be used after the drug had been given for a number of days, the patient becoming immune to the smaller doses.

Origin of Insanity.—The following are the conclusions of Dr. R. M. Bucke (*Canad. Pract.*) on this subject:

1. All mental faculties arose each in its time, and they are of all ages, many of them being quite modern.

2. The date of birth of a faculty in the race may be judged by the age at which it appears in the individual, and its more or less universality in the race.

3. The stability of a faculty in the individual depends upon its age in the race; the older the faculty the more stable it is, and the less old, the less stable.

4. Consequently the race whose evolution is the most rapid will have the most breakdowns.

5. Those functions in any given race whose evolution is the most rapid will be the most subject to breakdowns.

6. In the more progressive families of the Aryan race, the mental faculties have for some millenniums last past developed with great rapidity.

7. In this race the large number of mental breakdowns, commonly called insanity, are due to the rapid and recent evolution of those mental faculties.

Unique Dislocation of the Foot, and of the Astragalus.—Dr. John R. Ham, describes a case (Boston *Med. and Surg. Jour.*) as follows: I was called on April 25, 1892, to S. W., the proprietor of a portable steam-mill, who, while sawing logs, came in contact with a piece of shafting which was revolving at the rate of six hundred times a minute.

He may not have made more than one revolution when his clothing gave way and he was rescued. I found the malleoli widely separated and projecting; the foot forced directly upwards and firmly wedged between the tibia and fibula; the depth of the foot from the extremities of the malleoli was obliterated; and the movements of the foot gone. There was no fracture, nor was there any external wound.

Under strong extension and counter-extension the foot was finally loosened and pulled down from between the bones of the leg, which came together with an audible snap when the wedge was removed.

I now discovered a complete backward dislocation of the astragalus, which lay between the tendo-Achilis and the posterior surface of the tibia.

The reduction of this bone was a much more difficult matter, but after half an hour's effort aided by two strong assistants in extension and counter-extension, and when on the point of despair as to a successful issue, I succeeded in slipping the bone in place.

Pre-Tubercular Anemia.—At the late meeting of the American Pediatric Society, Dr. B. K. Rachford spoke on this subject. He based his conclusions upon examinations of the blood of 168 convent girls, from a careful inquiry into their family histories and from physical examinations. His conclusions were that family tuberculosis was one of the great sources of anemia. Girls from tubercular stock were more likely to be anemic than girls from non-tubercular stock in the ratio of 72 to 7. Second, that tubercular lymphatic disease caused profound anemia, while beginning pulmonary tuberculosis might not produce anemia. Anemia in cases with tubercular family history without apparent lesions, might be due to tuberculosis of the deep lymphatics. Pronounced anemia without apparent cause, was strongly suggestive of concealed tuberculosis. Third, that deep-seated tuberculosis might confer immunity from pulmonary tuberculosis. Some of these anemic girls with tuberculous family history, even though exposed often to tuberculosis, escaped from the disease not because the anemia protected from the disease, but the cause of the anemia, namely, deep-seated tuberculosis, conferred immunity from pulmonary tuberculosis. Fourth, the typical anemia of tuberculosis corresponded more nearly to simple anemia than to chlorosis.

Removal of Lead from Ear.—An unusual accident and an ingenious method of relieving it are reported by Dr. Sheild, in the *Lancet*. A man while carrying a pot of molten lead down a ladder, fell, some

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of the material running down the right ear, and on cooling, filling the middle ear with a solid lead plug. After the acute inflammation had passed off, the author laid the patient upon his side and poured liquid mercury into the meatus. This was repeated until the patient had lain in the aggregate sixteen hours with mercury in the ear. At the end of this time enough of the lead had been reduced to an amalgam to allow its removal by injecting a stream of water from a syringe. It is suggested that this treatment might be serviceable in cases of impaction of leaden bullets.

Strychnine in Alcoholism.—Mr. R. Welsh Branthwaite writes as follows to the *British Medical Journal*: Some time back the use of strychnine hypodermically in the treatment of narcomania, coming prominently forward in the medical and lay press, led me, with a view of testing its value, to investigate dosage. The revival for this special purpose appeared to emanate from the Russian school. Two physicians—Tolvinsky and Partzevsky—advocated "from $^1/_{100}$ gr. strychnine nitrate injected twice a day," but do not suggest any limits to which the administration may be carried, or mention the dose they consider to give full therapeutic value with fair prospect of immunity from toxic symptoms. Dobrouravoff, however, advocates "the solution of 1 grain of strychnia sulph. in an ounce of water, of which ♏v, increased cautiously to ♏xx, may be given hypodermically twice daily." I have used it repeatedly in the latter form but have not exceeded ♏x, preferring to multiply the doses rather than increase the amount.

I have used it much more extensively by the mouth in these cases, up to $^1/_{30}$ gr. two or three times daily for weeks, and can remember but one instance requiring withdrawal for toxic effects; this was entirely the fault of the patient, who quadrupled the dose, under the impression that he would do himself four times as much good. The result of this experiment was not satisfac tory. I am strongly of opinion that in fair limits in alcoholic patients, and still more markedly in morphine and chloral habitues, there is a decided immunity from poisonous effects. Strychnine by injection I have found most useful in inebriety treatment, but have absolutely no faith in its vaunted prophylactic properties in warding off subsequent attacks.

Intestinal Gymnastics.—In many cases of chronic constipation, the cause of the disorder is simply the lack of muscular activity in the lower bowels (*Bact. World*). Many methods have been employed for increasing the muscular activity of the intestines,—such as massage, muscle breathing, the galvanic and faradic currents, and a variety of gymnastic exercises. Walking, horse back riding, and especially Swedish gymnastics, are certainly very useful means of stimulating the intestinal peristalsis. The purpose of this note is to call attention to a fact well known to practical physiologists, but perhaps not so widely known among practicing physicians as it should be. Physiological experiments have shown that rapid voluntary movements of the external sphincter ani and the levator ani produce very active peristaltic movements of the large intestine. This effect is produced by the mechanical excitement of the plexus myenterious of Auerbach. This curious automatic center lies between the two muscular coats of the intestine, and controls the peristaltic movements. A patient suffering from constipation should make powerful movements of the sphincter ani, and of the levator ani, in as rapid succession as possible, continuing the exercise for three or four minutes, or until the muscles are fatigued. The time chosen for the exercise should be either before breakfast, or an hour after breakfast, according to the natural habit of the individual in respect to the evacuation of the large intestine.

Alcoholic Injections for Cancer.—Dr. Schultz, of Buda-Pesth, reports ten cases of uterine cancer in which the disease was arrested by injections of alcohol (*Ex.*). The patient is placed in Sims' position, a Sims' speculum is introduced, and the meatus urinarius is guarded with wool lest it should be hurt by drops of alcohol falling on it. An instrument about five times the size of a hypodermic syringe, but otherwise similar, is employed. Five cubic centimeters of absolute alcohol are thrown up. The needle of the syringe should be passed about an inch into the cancerous tissues. This causes some pain, which, however, does not last long. The injections may be made daily or every other day, and the vagina should be packed with a strip of iodoform gauze after every injection. After about thirty applications of the syringe the cancerous tissue, in the cases under Dr. Schultz's treatment almost disappeared, and epithelium grew over the eroded surface of the disease. How long this condition will last, observed Dr. Schultz at the end of one of his clinical reports, the future will show.

Ozena.—According to Dr. Th. Flatau, of Berlin, the best treatment of fetid atrophic rhinitis is the following (*Merck's Bull.*):

At first the larger crusts in the nasal cavities are removed with a large blunt probe (armed or not with a small pledget of cotton). Then the mucous membrane is sprayed for a few minutes with a 10 or 15% solution of hydrogen per-oxide, in consequence of which the smaller crusts become surrounded by a white froth which makes them apparent—thus permitting of a complete cleansing of the mucous surface. Then a 10 or 20% iodol-gauze bandage is impregnated with the following ointment:

℞ Sozo-iodole zinc, - - - - ℥ss-j.
Vaselin,
Lanolin, - - - - aa ℥ss.
Liquid Paraffin, - a sufficient quantity.

M.

Externally.

With this impregnated gauze the walls of the nasal cavity are lined in a manner as to leave in the center

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sufficient space for the passage of air—this tamponade being repeated daily for 4–6 weeks. If possible, the tampon is retained for twenty-four hours; but if the secretion becomes very abundant, it is removed sooner.

It is claimed that this treatment dispenses with irrigating the nose, or at least, reduces the necessity of the same to a minimum.

Epispadias Subsequent to Injury in Copulation.—The fourth annual report of the Seney Hospital, of Brooklyn, contains a brief note regarding an alleged acute gangrenous inflammation of the penis due to injury during coition (New York *Med. Jour.*). The corpora cavernosa took on violent inflammatory action, and the greater part of their substance sloughed away. The treatment, by incision, removal of necrotic tissue, and iodoform dressings, was followed by a gradual repair. Deformity and epispadias marked the condition of the penis at the time of the patient's discharge. A plastic operation has been proposed for the relief of the man's embarrassment from the flow of his stream of urine from the top of the deformed member, but he has not yet returned to accept the offer.

Corpulence and Sudden Death.—Professor Kisch, of Prag-Marienbad, one of the chief German resorts for persons troubled with inconvenient corpulence, wrote on this grim subject six years ago, and adds three more cases within his experience. The first patient was an intemperate nervous man, aged 35, who died in his bed; the second, aged 45, was also a drinker, and fell dead just as he was raising a glass of wine to his lips; the third was a very fat old gentleman, aged 70; he gallantly attempted to climb a hill, and died suddenly when coming down. Dr. Kisch has examined the bodies in no fewer than twenty-one cases of sudden death in fat people; in two (including the first above-mentioned) death occurred during connection. In one case rupture of the heart was discovered.

Blackening of Teeth by Antipyrin.—According to the *Southern Dental Journal* it is asserted that the internal use of antipyrin blackens the teeth; this peculiarity should be generally known by the profession, and also among the laity, that objections may be made on this ground to taking it as a remedy. The blackening is the more intense, the more imperfect the enamel, but may be removed by attrition with dilute acid. The considerable use of antipyrin for several years back, gives importance to this latter observation.

Grippe.—Dr. E. J. Blair writes as follows to the *Journal of the American Medical Association*: Of all diseases coming under my observation, in the last ten years, the grip stands at the head to lower vitality. To-day the patient is "well," to-morrow the don't care feeling comes. At night extremities "feel as though they would break;" sleep is gone—get up in the morning, eat a good breakfast, and for an hour or two, if exercise is not indulged in, "well" again; but after a little exercise, the uneasy, oppressive sensation in region of heart, tired and don't care, pulse quick and slightly irregular, bowels never regular, pain and frequent attacks of diarrhea. When will this condition of things cease? I find it going on week after week, month after month, with an occasional aggravated attack, same symptoms. Brandy, whisky, quinine, coal tar preparations, strychnia, gentian, iron, cocoa, digitalis, calomel, bread, butter, meat, notwithstanding. The old die, and the middle-aged don't get well.

Hiccoughs Cured by Pressure upon the Supra-Orbital Nerves.—Dr. A. M. Belt, states (*Med. Rec.*) that W. L——, when wrestling on March 24, was thrown, striking his head against a wall. The following morning he consulted a doctor with regard to his fallen palate. In the afternoon hiccoughs commenced and continued six days when I was sent for. I found the man hiccoughing twelve to fifteen times per minute, with a forlorn and worn-out expression of countenance. As there was quite an array of medicine near by, instead of giving a prescription I applied my thumbs to the supra-orbital nerves, and within three minutes the hiccoughs were completely checked. They returned fifteen hours afterward, when pressure was again applied and the hiccoughs were suppressed for nine hours. The third and last time pressure was applied the hiccoughs disappeared to return no more.

Albumin Test for Urine.—Dr. E. Speigler suggests the following (*Ex.*): Mercuric chloride, 8.0; tartaric acid, 4.0; sugar, 20.0; water, 200 c. cm., as the reagent. Some urine is acidulated with strong acid and filtered. Into a test-tube half filled with the reagent and behind which is placed a piece of black paper, add the urine so it will float on the reagent. If the albumin be only one part in 50,000, either at once or within one minute there will be produced a white ring at the surface of contact.

Suppuration.—Dr. A. C. Abbott states (*Int. Med. Mag.*) that from the evidence he has been able to gather it is plain that suppuration cannot be considered a specific process in the same way that tuberculosis, diphtheria, and anthrax are specific processes, but that the causes underlying it are manifold: in most cases being the result of the presence in the tissues of the common pyogenic cocci; frequently following the invasion of the tissues by organisms not normally pyogenic in character; produced experimentally by a variety of irritating substances without the presence of bacteria, and by the poisonous products of the growth of bacteria, and, finally, following the introduction into the tissues of the proteid substances that make up the body of the bacteria themselves.

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San Francisco Letter.

Editor MEDICAL REVIEW.—At last the rumored affiliation of the San Francisco Polyclinic with the Medical Department of the University of California has been accomplished and the two will henceforth work in unison. There will now be a reorganization of the faculties of both institutions and the Polyclinic will ere the current term is over have its classes in the study of the practical medical sciences in operation. This is the only post-graduate course offered west of the Rockies and will surely be well attended. The move is in concord with the awakened policy of the State University in offering extension courses of study in its entire curriculum. The Polyclinic will soon commence the erection of a building suitable for its purposes, having already sufficient funds promised to give it a footing, and the Medical Department of the University is also putting forth every effort to get new quarters worthy of the aim of the faculty, which is to make the College of Medicine the crown of the University. The amalgamation of the corporations has been strenuously opposed by several members of the college staff on the grounds that a free clinic resulted rather in the aggrandizement of the chief of the clinic, the degradation of people who are well able to pay a physician, the taking of the practice and fees of the young practitioner, than in furnishing a place of treatment for the deserving poor; that the end of each clinic is rather the greatest number of patients than the greatest good to the people and the profession. There is no doubt that the objections urged are valid to a considerable extent, as we have often seen patients at the clinics who, if dress and style meant anything, were amply able to pay not alone a small fee, but any price that might be asked, still we believe that on the introduction of classes of students much of this will be stopped, as many of those who can pay will do so rather than being exposed, examined and talked at before a class.

The health of the City as well as the State is at present good, although not so "distressingly good" as during March and April. No new cases of smallpox have appeared save those brought by the China steamer last week, when there were four cases landed, and three more have developed among her passengers since. The Chinese on the last four ships have had to go into quarantine upon arrival, they are all vaccinated as soon as the steamer leaves Hong Kong, but the "Heathen Chinee" promptly sucked out the virus implanted when he was removed from the observation of the surgeon, with the result that the greater number escapes its influence, the little yellow man preferring smallpox to the poison of the "white devils."

At the City and County Hospital this morning Dr. R. A. McLean operated upon a case of mastoiditis. The patient, an Austrian, has had a purulant discharge from the left ear for over twenty years and it appears to have involved the mastoid process and produced brain symptoms within the last ten days. Dr. McLean does not use a trephine in this operation, but works with chisel and mallet, scooping out all the mastoid cells and providing free communication between the cavity and the external meatus through the middle ear. The surgeon made very few remarks on the case, as the students are now taking the inter-term vacation. S. J. H.

May 19, 1892.

Springfield, Ill., Letter.

Editor MEDICAL REVIEW.—At the Capital District Medical Society Dr. McKinney of Barry read a paper on Phantom Tumors, and reported a case in which after the repeated use of cathartics and enemata he found no tumor and expressed that opinion; the patient still persisted and was desirous that an operation should be performed. Laparotomy was performed but no tumor was found, the pelvic viscera being perfectly healthy; the wound was closed and recovery was rapid and uninterupted.

Dr. Collins spoke of the use of anesthetics as a means of diagnosis.

Dr. Walbridge, of Decatur, read a paper on the Mechanical Treatment of Chronic Rheumatism, in which passive motion and massage were the leading points, and of the satisfactory results from this treatment.

Dr. Morgan thought capillary circulation deficient in chronic rheumatism, and that mechanical treatment remedied it.

Dr. Wakely thought you should elevate the limb in the acute and lower it in the chronic forms of rheumatism when treating.

Dr. Collins, of Decatur, in her paper on Endometritis advocated the local application of pinus Canadensis, she believed in curetting, hot water injections and local application of hydrastis and glycerine tampons.

Dr. Carr, of Carlinsville, gave a good paper on the Standard of Relaxation of Accommodation Determining Errors of Refraction.

Dr. Prince spoke of the superior value of hometropine over the sulphate solution in producing mydriasis.

The following gentlemen were elected as delegates to represent this society at the meeting of the American Medical Association: Drs. Brown, Chenoweth and Walbridge of Decatur; Townsend and Dixon of Springfield; and Norbury of Jacksonville.

The Illinois State Medical Society held its 42d annual meeting at Vandalia, May 17, 18 and 19, 1892.

In Section One, The Practice of Medicine, Thomas M. Cullimore of Jacksonville, was Chairman; J. W.

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Whitmire of Forrest, Secretary. The address was delivered by William G. Quinn of Chicago, after which the various papers belonging to the Section were read and discussed.

In Section Two, Surgery, Surgical Specialties and Obstetrics. In this Section William J. Chenoweth of Decatur, was Chairman; J. H. Coulter of Peoria, Secretary. James H. Etheridge of Chicago delivered the address. Nineteen papers were given and discussed.

Etiology and State Medicine was the topic on the third day. James M. G. Carter of Waukegan, Chairman; George N. Creeder of Springfield, Secretary. The address was delivered by Elbert Wing.

Inebriety.

Editor MEDICAL REVIEW.—During the last few months the subject of inebriety has received great attention by medical journals, as a rule each number of all prominent medical journals treating the subject, and all giving an opinion on the Keeley cure. I noticed your editorial on inebriety, and criticism of Keeley in the REVIEW of April 16, and request that you will admit a brief discussion of this question.

In speaking of Dr. Keeley's treatment of inebriety, the various medical writers will deny that the "cure" cures anybody. Admitting that the patients stop drinking then the reason is the force of the will-power and moral influence and the *esprit des corps* of the Bichloride Clubs and temperance and social influences at Dwight. Some writers will deny that drunkenness is a disease or, if so, is curable, or if curable, that Keeley's cure is efficient, or if it cures it works other calamities as "loss of manhood," suicide, or insanity.

All this is unfair criticism. The gentlemen who make these remarks are not sincere or scientific, so far as these remarks extend. I beg to state some facts or propositions relating to this question and see if medical knowledge and reason can support the propositions. I will state the facts as I know and infer them.

In the first place the medical profession until lately adopted inebriety as a disease, from the business standpoint, that is the doctors have not treated the disease, or taken such patients as they do cases of typhoid and scarlet, etc. That such cases or patients are now really the property of the medical profession is rather startling to the doctors themselves; but there is a general acceptance of the fact. This change in the attitude of the profession is probably due to Dr. Keeley more than to any one else. If Dr. Keeley does not really cure his patients, or if so, does it after the manner and method of Cagliostro and Mesmer need cut no figure. The profession can adopt the practice and cure them properly. But, as I know from actual observations, Dr. Keeley's patients under the treatment will stop drinking voluntarily on the third day and in spite of urging to the contrary, and declare that they have no desire for liquor. There is not more than one exception in a thousand to the rule.

Now, we may say that the treatment has nothing to do with this result, that it is the patient's will-power, example, hypnotism, or what not; all this makes no difference, the fact cannot be denied. From our knowledge of drugs, however, and the action of poisons, there are no justifiable reasons against the probability that the treatment destroys the craving for liquor.

Dr. Keeley's "cure," so called, is not a secret; it is useless to make any such claim; the remedy has been analysed and published over and over. It is simply a confession of professional weakness to admit, much less assert, that these remedies sent broadcast all over the world are secrets, so far as the ability of chemists and physicians are concerned to find out the nature of the compound. The remedies are not secret nor are they patented. That Dr. Keeley has not published any given formula may be true, but it is also true that he has not denied the correctness of any published formula that was correct.

Do physicians "cure" typhoid, consumption, measles, etc., by formulæ? Would the profession treat inebriety or will the profession in future treat it by any given formulæ? Is insanity so treated, or epilepsy, or chorea? Is there a drug or formula which cures these diseases or any disease?

It is rather true that no disease is curable. If a drunkard can be induced to stop drinking he is no longer poisoned, and the radiation of cells caused by the poison of alcohol will revert to the former type of cell and the drunkenness is cured. Is there a physician on earth so poorly equipped that he cannot find a remedy which will aid a drunkard to quit drinking alcohol?

It would seem that Dr. Keeley's success does not depend on the discovery of a cure for drunkenness, but depends upon the fact that he recognizes drunkenness to be a disease and treats it as such. This is what is the matter with the medical profession rather than the Talleyrandism that Keeley's cure is a secret and therefore his method is unprofessional.

Within my recollection a certain variety of "quacks" perambulated the fields of medical practice and cured diseases by electricity. The professional critics called this cure by no better name than "electrocution." One word quack, or the more gentle term medical "pretenders," as the theological analogy of "infidel." Doctors and theologians use these expletives as little darts which wound but do not slay, at least not in the present age.

It is better now for the medical profession to accept the drunkard as a "patient." Like many other methods now adopted by the profession, this treatment of inebriety may be of ignoble birth, but in our family are many such children who have attained the highest culture. The history of medicine ought to teach us one thing unfailingly—not to despise new things because they are new. The ignoble electrician of a few years ago is now the cultured and successful Apostoli. Twenty years ago, or even fifteen, the electrician was a quack. The medical profession persecuted Jenner, rid-

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iculed the germ theory, denounced anesthesia, and dubbed the original balneologist the veriest "quack" of them all.

Is it not better to receive these medical movements with a more dignified spirit of inquiry, and weigh their value and true relation to society and the profession.

The fact that some of Dr. Keeley's cures have suicided or become insane seems to me to be the weakest of all the criticisms I have seen. There are too few of these results. Keeley's "cures" number over 60,000, treated at the Dwight institution, and other places. Out of this number there appears to be a dozen or two of suicides and lunatics.

Without doubt, comparative statistics would show that Keeley's cure prevents suicide and insanity. I do not know of any class of people, no matter how classed, of an equal number, that will not show a larger proportion of lunatics and suicides. The physicians of Illinois, as a class, show a larger proportion; in fact doctors are the most frequent of all classes in suicides; but the medical profession would probably not accept the conclusion that the study of medicine predisposes to suicide, though its practice may. Drunkards, teachers, ministers, dressmakers, doctors, merchants, farmers, farmers' wives, spinsters, tramps, authors, mechanics, sportsmen, gamblers, lecturers, "gentlemen"—all suicide more frequently than Keeley's "cures" do. It would appear advisable for these classes of people to take the Keeley cure as a preventive of insanity and suicide.

The profession should take a broader view of the Keeley movement, and should look upon this initiatory movement in the treatment of inebriety from the narrow-mindedness of prejudice and code-ethics. Creeds are the chains of the intellect and good morals, even medical creeds. What figure does it cut if Dr. Keeley has made money? Suppose he does not publish his formula. Did anybody ever publish a reliable formula for the cure of anything? The Lord never intended that diseases should be cured; he intended that some day, just about the dawn of the millennium, that diseases should be prevented. On this broad basis of ethics, at least, Dr. Keeley may be correct, and very prudent. As the earth is overflowing with drunkards and doctors, and the "cure" appears to be easy. Let every doctor take hold of the matter, and help the good work along. DR. ROMAINE J. CURTISS.

Peculiar Case of Inflammation of Bowels.

Editor MEDICAL REVIEW.—The following I consider a peculiar case. Boy, 16 years old, contracted gonorrhea last July or August. He got the usual prescriptions country "smart alexs" always have in their memoranda, also all patent medicines advertised in all so-called religious and secular newspapers and then tackled the local drug store wsth a sure cure ℞. On Christmas day he came to me with a "cramp in his guts," (and he did have one sure). I gave him at first some simple remedy thinking it might be only indigestion, but was called to the boy's home in the evening and found him in great agony, bowels swollen, unable to urinate, bladder very tender. He denied any soreness in penis or prostate. Cleaned him out with hyd. chlor. mit. and and used hot water applications over bowels; this relieved his sufferings. Next morning put him on tonics and gave directions as to diet, etc., in the orthodox manner, telling his parents it was a severe case of inflammation of the bowels, and thus it continued for a week, when at my suggestion, the prime factor in the matter was ferretted out and the young man was compelled to "fess up." In the boy's trunk was found a whole arsenal of darned quackery. I now followed the best line of treatment I know, consulted with my fellow physicians, and heard them say "Merrit will never get the boy up." Kept at it, but mucous membrane would not come home. I now tried Tritica, giving it sparingly at first until satisfied it was what he required; then I went for it, discharging the boy entirely cured February 16, "a sadder but a wiser boy."

The young man was an inveterate user of tobacco, drank intoxicating liquors, and was very filthy in his habits. He was allowed by his parents any liberty inconsistant with proper conduct. They too have been taught a lesson.

I do not consider Tritica a "cure all" but it meets indications in inflammation of the mucous lining of the bowels and male generative and urinary organs much better than any preparation I have found during twenty years practice at this place. J. W. MERRITT, M.D.

Oak Tower, Ind.

Twins With Different Birthdays.

Editor MEDICAL REVIEW.—Referring to your report of twins with different birthdays, I can discount you. On Tuesday, March 15, 1892, I was called to see a lady, who had given birth to one child on Sunday, March 13, at 11 A. M. I found, when I got to the poor woman, on Tuesday, November 15, at 4 P. M., that she had just been delivered of the second baby. Here was a difference of some fifty-four hours in the ages of these twins, one a boy and the other a girl, both still living but very puny and delicate. I had a time of delivering the afterbirth, which was almost completely attached; an hour-glass contraction as well, caused, as I suppose, by an ignorant old woman, who attended her having given too much ergot. J. T. HAMBLET, M.D.

Perry, Vermillion Parish, La.

Answer to Dr. H. C. Cooper.

Editor MEDICAL REVIEW.—The article on "New Scriptures," according to Tyndall, Darwin, etc., was published already in the Cincinnati *Medical News*, February, 1875, page 81, but the name of the author is not given. H. LANGHOLZ, M.D.

Oak Harbor, Ohio.

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St. Louis Medical Society.

A stated meeting of the St. Louis Medical Society was held Saturday night, May 28, 1892, Dr. Dorsett in the chair.

There were no reports from the committees.

The following names were presented for associate membership: Drs. A. S. Barnes, Jr., W. H. Fuchs, David Nowlin, and E. Marks.

Dr. Bremer thought that in the new catalogue the office hours of the members should be inserted so that in case of consultation being desired everyone could find the exact hours when a member would be found at his office. He placed it in the form of a motion which was carried.

All desiring to go to the meeting of the American Medical Association to be held at Detroit on June 7, were requested to give their names to the Secretary that the best arrangements could be made for transportation. Those who signified their intention were Drs. Barnes, Meisenbach, Borck, Bremer, Ring, Laidley, McIntyre, Broome, Ohmann-Dumesnil, Porter, and Barck.

Dr. Barck presented a case upon whom he had operated for removal of pus in in the mastoid process following disease of the ear. The specimen of bone removed was also exhibited.

Dr. Bremer's questions as to the equilibrium of the patient; his faculty of determining the direction of sound; and as to what electrical tests had been made, lead to a long discussion, particularly by Drs. Barclay, Pollak, Thornton, Williams, Broome, Glascow, Fry and Beggs, Dr. Barclay drawing much of his argument from comparative anatomy. Most of the participants reported similar cases, but the direction of the determination of sound was left *sub judice*.

Dr. C. Barck next read his paper on "The Use of the Electro-Magnet in the Extraction of Foreign Bodies from the Eye." Eleven cases were reported of which two were perfect, five being failures. An historical report of the operation was given and so far as could be found, two hundred and six cases had been reported with forty-two successes, the others being only of moderate benefit or complete failures.

Dr. Meisenbach's paper on "Suturing of Divided Tendons" was put off until next Saturday evening.

Dr. B. M. Hypes asked the endorsement of the Society to Dr. Homan's article, "A few Suggestions for the Municipal Action in the Interest of Public Health."

Dr. Barclay objected until the paper has been read to the Society.

The paper was read and the endorsement of the Society was given.

Prairie County, Ark., Medical Society.

The third annual meeting of this Society took place in Masonic Hall, Des Arcs, Ark., April 27, last, the President, Dr. J. R. Lynn, being in the chair.

The following resolution was submitted to the Society and was adopted:

Resolved, That all members of the Prairie County Medical Society be required to discontinue all professional cards, circular letters and advertising of any kind on and after May 1, 1892.

Any member violating this resolution is subject to expulsion from membership in this Society.

The applications of Dr. James W. Stewart, of Surrounded Hill, and Dr. A. J. Murchison, of Barrettsville, for membership, were received and referred to the Secretary for investigation.

Dr. G. E. Pettey presented an able paper on "The Advantages Afforded by the Genu-Pectoral Position in Shoulder and Funis Presentations."

Dr. F. A. Hipolite read an abstract from the *Journal* of the Arkansas State Medical Society on "Self Medication."

The following officers were then elected: President, Dr. J. T. Bell; Vice-President, Dr. F. A. Hipolite, Secretary, Dr. J. R. Lynn; Treasurer, Dr. W. P. Owen.

Drs. J. R. Lynn and W. P. Owen were appointed delegates to the State Medical Society, with Drs. W. W. Hipolite and W. F. Williams as alternates.

Drs. W. F. Williams and J. R. Lynn were selected as a Committee on Arrangements for the next meeting.

The Society adjourned to meet in Hazen, Ark., on the last Wednesday and Thursday in October, 1892.

Embolism of a Cerebral Artery.—Mr. Green read notes (*Brit. Med. Jour.*) of a rare case of embolism of a cerebral artery affecting the functions of the eighth pair of nerves. The case was of especial interest because it occurred in the person of an insane patient who had previously been very clever in simulating diseases, and it was thought at first that the loss of speech might have been feigned. The primary symptom was loss of speech on rising in the morning, other symptoms gradually supervening until death took place on the ninth day, apparently from defective innervation of the lungs. He knew of only one such case previously recorded, that being by Hammond, of New York, in his book on "Diseases of the Nervous System." In his own case the fundus oculi was normal and the sight was never affected. The tongue was protruded in a straight line. No paralysis was observed in any part of the body. There was no rise in temperature until the evening of the sixth day. The case was seen in consultation on the sixth day by Dr. Russell Reynolds, who entirely agreed with the diagnosis. A brief discussion followed.

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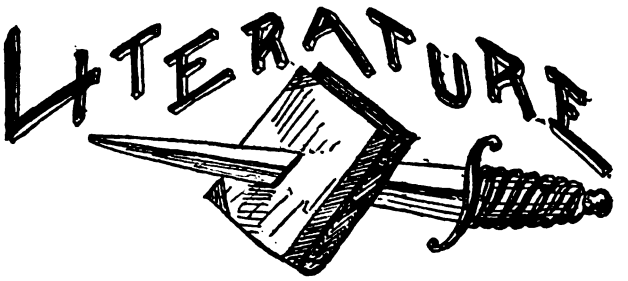


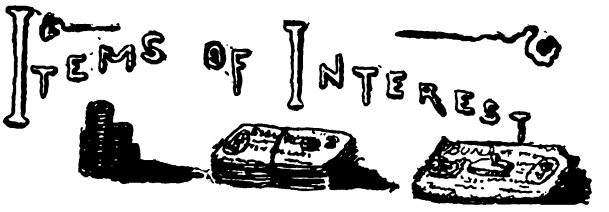
International Clinics: A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology, and Dermatology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain, and Canada. Edited by John M Keating, M.D., Judson Daland, M.D., J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P. Vol. I. Second Series. 1892. 8vo., pp. 363. [Philadelphia: J. B. Lippincott Co. 1892.

The volume before us is the first number of the second series and it sustains well the reputation which former issues have made for the work. As has been very aptly said by reviewers of the series, it is a complete post-graduate course in itself. We have presented to us lectures delivered by the best clinical teachers of this country and of England. The information which is thus imparted is of the highest practical value to the physician who has had no facilities to "brush up." We are made acquainted with the latest advances in diagnosis and therapeutics and, wherever necessary, illustrations are introduced to further elucidate the text. The reader is brought into more or less intimate relations with the foremost instructors of the day, and, as each volume appears quarterly, he is not forced to wait for years to get acquainted with the views of the most experienced men such as they embody in their more formal works.

As all the contributors are not only men well known as authorities upon the subjects of their lectures, but good speakers as well, the reports embodied in these volumes combines the useful with the pleasant and interesting. No progressive general practitioner can very well do without the International Clinics and we should recommend all of our readers to provide themselves with this work.

The mechanical execution is, in every respect, of a superior character.

An Italian Duchess, having given birth to a boy about the time her husband returned from a two years' absence, is trying to convince the court that the child is the product of union with her husband through the medium of his ghost. She has not yet stated whose material person the Linga assumed on that occasion, and that is just what the duke is most anxious to ascertain.



Camphor has been found to possess the power of increasing the solubility of iodoform in alcohol and in ether.

Pan-American Medical Congress.—The Board of Trustees will meet in Detroit, Tuesday, June 7, at 2:30 P. M.

Joseph Leiter, the well-known manufacturer of the instruments employed for the illumination of the internal cavities of the human body, recently died at Vienna. He had attained the ripe age of 83 years.

Notoriety not Always Desirable.—A notorious quack in Nebraska, who advertised that he had cured twenty-five cases of diphtheria, was recently arrested by the local Board of Health for not having reported the cases.

American Medical Temperance Association.—The annual meeting of this Association will be held on Tuesday, June 9, 1892, at 7:30 P. M., in the room assigned to the Section on Practical Medicine of the American Medical Association.

The Mississippi Valley Medical Association delegates to the American Medical Association will make their headquarters at the Russell House while in Detroit. Members wishing delegate papers please address the Secretary, Dr. E. S. McKee, 57 W. 7th St., Cincinnati. The meeting at Cincinnati October 12, 13 and 14, 1892, promises to be a very successful one.

An Inquest, extending over seven days, into the death of Rebecca Cohen, who died at the Sydney Hospital from alleged maltreatment of a cancer on the lip, was concluded on March 21, the jury returning a verdict of manslaughter against Sam Hood and Thomas John Hood, with a rider that the Legislature should take immediate steps to protect the public from unqualified medical practitioners. Both men were then committed for trial.

American Pediatric Association.—Officers elected for the ensuing year: President, Dr. Blockader, of Montreal; First Vice-President, Dr. Keating; Second Vice-President, Dr. Earle, of Chicago; Secretary, Dr. Samuel Adams, of Washington; Treasurer, Dr. Townsend, of Boston; Recorder, Dr. Watson, of Jersey; New Member of Council, Dr. Rotch, of Boston. New members elected were: Dr. J. P. Crozer Griffith, of Philadelphia, and Dr. T. F. Sherman, of Boston.

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Professor Steenberg, a well-known alienist in Copenhagen, died of heart disease recently in that city.

The American Neurological Association will hold its annual meeting in New York, at the Academy of Medicine, on June 22, 23 and 24, under the presidency of Dr. C. L. Dana.

Chair of Anatomy, Missouri Medical College.—Dr. Chas. A. Todd having resigned the Chair of Anatomy, which he has so ably filled in the Missouri Medical College, Dr. A. V. L. Brokaw was elected to fill said position.

Deaths by Influenza.—Dr. Balch, the secretary of the State Board of Health, estimates that 10,000 deaths, in New York State, were chargeable in influenza and its sequelæ in the winter quarter of 1892. The local diseases appear to bear the brunt of a largely increased mortality, but influenza is probably the genuine cause.

Bequests in the Astor Will.—The late William Astor left very little in his will for charities. The only medical institutions mentioned were the following: The Woman's Hospital and the Home for Incurables, New York, each of which receives $10,000, and St. Luke's Hospital, Jacksonville, Florida, which receives $15,000.

A New Journal.—It is reported that an illustrated journal of preventive medicine will probably make its appearance about July 1, 1892. The plan is to publish it simultaneously in New York, Boston, Philadelphia, Chicago, St. Louis, Atlanta, Kansas City, Denver, San Francisco, Los Angeles and San Diego. The title of the journal will be the *National Popular Review.*

The Dignity of the Patient.—It is reported that a physician in Germany has lately been sentenced to imprisonment for an indignity offered to a patient affected with hysteria. The incident serves to illustrate the principle that, while it may often be necessary to shock a patient, either physically or mentally, nothing ever warrants an affront from physician to patient.

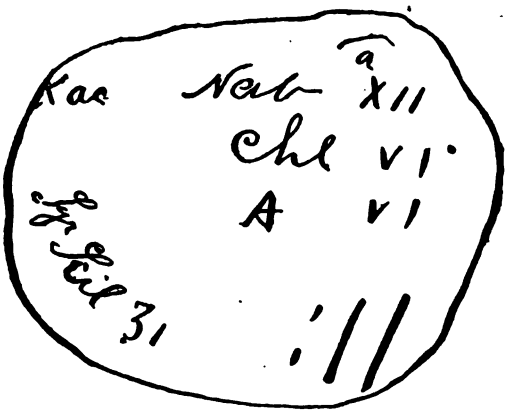
A Centenarian.—We read in the *Doctor's Weekly* that, recently, Dr. Enoch Fithian, the "good old doctor," of Greenwich, Cumberland County, celebrated his one hundredth birthday anniversary at his quaint old home, surrounded by hundreds of relatives and friends. Dr. Fithian was born on May 10, 1792, in Cumberland. He is the oldest Free Mason in the United States, and has belonged to the fraternity seventy-six years. The house in which the doctor lives was built in 1774 by Dr. Ward, and nearly all its furnishings, from the slow-ticking grandfather's clock standing in a corner, to the wooden latch-handles on the doors, are antique. Dr. Fithian has seen every President of the United States. During Washington's second term he saw the "Father of His Country" in Philadelphia.

Dr. A. F. Dresel is the Republican nominee for the Legislature from Pettis County, Mo.

Dr. Pliny Earle, Superintendent of the Northampton State Lunatic Asylum from 1865 to 1885, died at Northampton, Mass., May 19, in his eighty-third year. He was noted in this country and abroad as an expert in the treatment for insanity. In 1844 he was medical superintendent of Bloomingdale Asylum for the Insane, in New York, and one of the original members and founders of the American Medical Association. He was an expert in the case of Guiteau, who shot President Garfield.

A Village of Congenital Criminals.—Dr. Lombroso, the well-known Italian authropologist, states that Sighele, a young lawyer, has discovered a village of criminals. It is the village of Artena which enjoys an infamous notoriety, its inhabitants being robbers, thieves, and assassins. In the Italian chronicles of the Middle Ages, Artena already had this reputation. A search through the judicial records shows the same names continually appearing, a testimony to the hereditary character of the criminal impulses.

That Puzzling Prescription.—



We have had but few attempts to decipher the above, says the *Pharmaceutical Record,* which appeared in our issue of May 21. It evidently is a puzzler, and we do not wonder at it. We have at last a solution of it from the physician who wrote it, for even the pharmacist on whose blank it was written could not decipher it without his aid. But perhaps the strangest thing of all is, how did that prescription blank travel from Buffalo to New York and be presented there at a store for preparation? The original prescription was intended to order

K ac=Kalium acetate,
Na b=Natrium bromide, - aa gr.xij.
Chl=Chloral,
A=Antipyrine, - - - aa gr.vj.

in a 2-ounce solution in water. The syr. scil. ʒj was an afterthought and was intended for "add this to the above mixture," which had been previously dispensed.

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The Municipal Council, of Buda-Pesth, has voted a subvention of 15,000 gulden towards the building of a house for the medical societies of that city.

A Libel Suit.—A Reuter's telegram from Cairo states: "Dr. Milton, chief medical officer of the native hospital here, is about to bring an action for libel against the newspaper, *Le Bosphore*, on account of a violent article recently published in that journal attacking the English doctors practicing here, and containing allegations regarding them which are alleged to be altogether unjust. Dr. Milton claims substantial damages."

Antisepsis in London.—The correspondent of the *Northwestern Lancet* says:

I found in London that the vigorous attention to asepsis observed in France is not by any means followed, instruments being taken from their cases, dipped as a matter of ceremony in the bath and used without further precaution. At the London Hospital a French physician at my side expressed his surprise, but admitted he had been informed that the English surgeons are no longer observers of surgical cleanliness, and that Lister was the dirtiest of them all.

The American Surgical Association passed the following resolution at its last meeting: *Resolved*, That the President be empowered to appoint a committee with authority to confer with the friends and admirers of the late Professor S. D. Gross, and with the profession at large, for initiation of a movement on the part of the Association, having for its object the erection of a monument to Dr. Gross, in Washington, D. C. Dr. L. McLane Tiffany represents the State of Maryland on the Committee. The monument will cost about $12,000, $3,500 of which is already assured.

Distinguished Travelers.—Two officers, one of whom is a medical officer, have recently accomplished a feat in the way of traveling which speaks well for their enterprising spirit and powers of endurance. It is stated by a correspondent that Captain Bower, of the 17th Bengal Cavalry, and Surgeon Thorold, of the Indian Medical Service, had passed through Shanghai. The names of these officers will, we believe, be added to the list of distinguished British travelers. They journeyed through Thibet by the longest route that can be taken through that country. They passed from the Cashmere frontier in the north-west to the Chinese province of Szechnen, which adjoins the south-eastern border of the territories of the Delai Lama. They spent upwards of ten months in Thibet, and a great part of their journey lay through a series of elevated table lands, seldom lower than 15,000 feet above the sea level. No foreign travelers have, it is alleged, previously followed the same route, and we may consequently look forward to an interesting record of their experiences.

Keeley Graduates.—According to a daily paper eleven graduates of the Keeley Institute are now inmates of the Illinois, Eastern Hospital for the Insane, at Kankakee; ten of these had never been previously confined in a hospital.

Printer's Ink.—There is an increasing class of doctors in Chicago who believe in the efficacy of printer's ink, as evidenced by the fact that two whole pages of a recent issue of a Chicago daily was taken up by various doctors in "blowing their own horn." The Illinois State Board of Health has tried to put an end to the practice of advertising, but the courts have thus far seemed to be on the side of the advertising doctor, and the coffers of the afore-mentioned party are said to be full to overflowing. The public dearly loves to be humbugged.

Homeopathic Pathology.--The following by Dr. J. G. Gilchrist is culled from a homeopathic journal (*N. W. Jour. of Hom.*): Suppuration is defined as "a process of luxuriation," an abnormal production of reparative material, with failure in organization. It is one of the commoner terminations of inflammation, even more so than resolution, and must be studied as existing in two general forms, viz., on a free surface, and in a cavity or solid tissue. In either case it has a close relation to inflammation, but in the first it may occur as a purely physiological process, a hyperemia on the extreme border of physiology.

The burning question of the day is the bacterial relationship of suppuration. The majority of writers and teachers are agreed that suppuration, at all times and under all circumstances, is not only an essentially morbid action, but due to bacterial conditions. The various forms of streptococcus, always found in connection with suppuration, are esteemed to be causal factors, and at first glance the assumption seems well founded. With all due deference to the great men who maintain this doctrine, and notwithstanding its apparent logical character, I must take opposite ground. If suppuration was always morbid action, the case would be different. That it is as often physiological, and an essential element in repair, particularly where there is loss of tissue, or wide dispartition in a wound, seems to be obvious. No one disputes the presence of streptococcus of some form, in every case of suppuration; the fact is too apparent. Still the proof is not positive that they are causative factors; they are just as likely to be consequences. The question is scarcely capable of argument, satisfactorily, in this connection; I desire simply to express dissent from the popular teaching of the day, at least as to purulent secretions. As to their connection with abscesses, I am still undecided. Considering a purulent secretion to be a physiological phenomenon, I fail to see the necessity for pathological micro-organisms; the process is more rationally accounted for by leaving them out of the question. Their introduction, on the other hand, brings in a disturbing element, and is insufficient.

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Dr. Louis Hough was recently appointed assistant physician at the St. Louis Poor House.

Dr. Wm. M. Banks was appointed assistant physician at the Insane Asylum, of St. Louis, by the Board of Health of that city.

The German Ophthalmological Society will hold its twenty-second annual meeting this year, at Heidelberg, on August 8, 9, and 10.

Railway Transportation to Detroit has been subjected to sweeping reductions. We would advise our readers to consult the R. R. B. column of this number for further information on the subject.

Oldest Woman in Ireland.—An old lady named Margaret Harpur died recently in the county Wexford at the great age of 110 years. Her health has been wonderfully good until within the last two years, when her mental faculties became impaired; but she was not confined to her room until last November.

Syphilis a Bar to Marriage.—The Court of Appeals of Kentucky, have recently decided that syphilis, pleaded in answer to an action to recover damages for breach of promise of marriage is a complete defense, following the decision of the Supreme Court of the State of North Carolina in which the same defense was interposed and sustained in a similar action.

The Baptist Sanitarium, of St. Louis, was informally opened on May 24 last. A large number of prominent citizens, and physicians were present. The hospital is situated in grounds 161 feet wide by 600 in length. The building is a large three story structure. Dr. Wm. H. Mayfield is the physician in charge, who has had the building fitted up in a most complete manner.

The New York State Dental Society recently passed a resolution in opposition to the Wilmot bill, introduced into the House of Representatives at Washington, by which all dentists practising in the United States are required to report to the Census Bureau as mechanics or manufacturers. The State Dental Society claim that they are not manufacturers in any sense of the term, but members of a profession, practising one of the branches of the healing art.

Bellevue Hospital Medical College.—Dr. A. Alexander Smith has been appointed Professor of Principles and Practice of Medicine, and Clinical Medicine, in place of Dr. P. G. Janeway, resigned. Dr. Herman M. Biggs has been appointed Professor of Materia Medica and Therapeutics, Pathological Anatomy, and Clinical Medicine, in place of Dr. Smith, and has been nominated Attending Physician to Bellevue Hospital, in place of Dr. Janeway. Dr. Henry M. Silver has been appointed Demonstrator of Anatomy in place of Dr. Biggs.

The St. Louis College of Physicians and Surgeons recently elected Dr. H. Jackson to fill the chair of physiology vice Dr. Posert, resigned. Dr. W. W. Graves was elected to the chair of Pediatrics. The remainder of the faculty remain as heretofore.

Russian "Secret Bemedy."—There is considerable excitement in St. Petersburg over the disastrous effect of the treatment of General Gresser, the Prefect of Police, by a secret remedy known as "vitalin." The subcutaneous injection of this compound—it has not been stated for what malady—has led to acute cellulitis, ending in death. The inventor, an engineer named Gatschowsky, has stated its composition to be borax and glycerine. It is suggested that the syringe was unclean, but all kinds of other rumors are prevalent.

University of Vienna.—The calendar of the University of Vienna for the present summer semester contains a list of 226 courses of lectures, demonstrations, and private courses in the Medical Faculty to be given by 26 ordinary and 31 extordinary professors, and 78 *privat docenten.* In the winter semester of 1891-92 the total number of students in the medical Faculty was 3,115, being 51.6 per cent of the total number of students in all the faculties together. Of the foreign contingent, the United States headed the list with 93, Russia coming second and Germany, Great Britain and other countries following *longo intervallo.*

Astley Cooper Prize.—The next triennial prize of £300, under the will of the late Sir Astley P. Cooper, Bart., will be awarded to the author of the best essay or treatise on "The Anatomical Distribution of the Lymphatic Vessels and the Physical Forces concerned in the movement of the Lymph." The conditions annexed by the testator are: "That the essays or treatises to be written for such prize shall contain original experiments and observations which shall not have been previously published, and that each essay or treatise shall, as far as the subject will admit of, be illustrated by preparations and drawings, which preparations and drawings shall be added to the museum of Guy's Hospital, and shall, together with the work itself and the sole and exclusive interest therein and the copyright thereof, become henceforth the property of that institution, and shall be relinquished as such by the successful candidate." And it is expressly declared in the will "that no physician or surgeon or other officer for the time being, of Guy's Hospital, or of St. Thomas's Hospital, in the Borough of Southwark, nor any person related by blood or affinity to any such physician or surgeon, for the time being or to any other officer for the time being in either of the said hospitals shall at any time receive or be entitled to claim the prize." But with the exceptions here referred to, this prize is open for competition to the whole world. The essays must be sent to Guy's Hospital, addressed to the Physicians and Surgeons, by January 1, 1895.

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The Red Cross Society.—Miss Clara Barton, President of the National Red Cross Society, has published a notification that her Society makes no appeals for charity, nor arranges concerts, or shows, nor endorses any efforts by others to raise funds. Voluntary offerings are received, acknowledged and applied. "The Red Cross," she says, "is an organization created by statutes and treaties. Its proper work is to mitigate the horrors of war, but it has officially extended its labors to fields of famine and pestilence, and disaster by flood and fire. Its functions are limited and well defined, and beyond these limits it cannot allow the use of its name and symbol."

Removal of the Uterine Appendages by a Sow Gelder.—Mr. Arthur Thompson, Lecturer on Anatomy at the Medical School, Oxford, sends us (*Brit. Med. Jour.*) the following extract from a book entitled "Man Transformed, or the Artificial Changling," by J. B. (John Bulwer, M.D.), published in 1653, as being of some interest and service in connection with the history of the subject of removal of the ovaries:

"The Artificial Changling, p. 364.—It is an anatomical question, *an mulier castrari possit*, and it appears *de facto* to have done; but concerning the manner of operation there ariseth a great difficulty—whether they castrated women by drawing out their wombe, or by avulsion of their testicles. Both waies it is certain that women will be brought into great danger of life; for although sows may be spaded, yet with the like security it cannot be administered in women by reason of the seat wherein they are placed and the society they have with other parts; for he must necessarily cut both the flankes who castrate a woman, a work full of desparate hazard, yet it may be dome with little or no danger if it be attempted by an artfull hand. And a friend of mine told me he knew a maid in Northamptonshire that was thus spaded by a sow gelder, and escaping the danger, grew thereupon very fat. A gentleman who undertook since in some company to tell me this story againe, said he was present at the assizes of Northampton, when this sow gelder was arraigned for this fact. I doubt there is some mistake in the scene, for by another information of a justice that was there, it was in Lincolnshire, and the fact done upon Lincoln Heath, and that was not his first fact, so that his first attempt might be upon the Northampton maid. This last maid's name was Margaret Brigstock, but the judges were much confounded how to give sentence upon an act against which they had no law; for although the castration of man was fellony by the law, yet there was nothing enacted against spading of women; and well might they be ignorant of such a case when Platerus, the great physician, professeth he remembered not that ever he read or heard of such an attempt. This Clearke (for that was his name) was hanged for this last fact, but not by a law, but for robbing her of two penniworth of apples which she had in her apron."

A Golden Opportunity.—The following is an example of the methods employed by the "boomers" to inveigle physicians into their hands by holding out "golden opportunities" to them. The letter was forwarded to the *Times and Register*.

NATIONAL INSTITUTE FOR THE CURE OF LIQUOR AND MORPHINE HABITS.

April 12, 1892.

DEAR DOCTOR.—The National Institute of Knoxville, Tennessee, is an incorporated body, having secured the right for the State of Tennessee to use the bichloride of gold treatment for the cure of the whiskey, opium and tobacco habits.

The incorporators desire to establish institutes in all parts of the State. If you wish to go into this specialty, or add it to your general practice, this is your *golden opportunity*.

OUR PLAN.

Two plans of opening and operating institutions are presented:

The first, and the one preferred by us, is to charge a reasonable bonus to physicians desiring to open an institute, and retain a half interest in the profits of same; or, second, we will sell and consign territory to those who purchase outright, the charges being placed on the relative value of territory, and paid for, so as to suit the convenience of a financially responsible man or company. When you write give the population of your city and references. It is the purpose of the management to secure conscientious and skilled physicians to handle this treatment, thus guaranteeing uniform work and results satisfactory in the highest degree.

The prices charged for treatment of whiskey or morphine habit, $25 per week for three or four weeks; Tobacco habit, one week at $15.

Figure this out yourself. A small number of weekly patients will make you a handsome income.

In closing, we wish to assure you that this treatment is genuine, and will cure the worst case of dipsomania or opium habit in your community in from three to four weeks, and tobacco habit in one week, a fact we can demonstrate to you in Knoxville by the number of patients that we have graduated, although we have been in operation less than sixty days.

The remedies used are in no sense cumulative and liable to do harm. Neither are they painful or disturbing it their action. It is not a scientific way of "sobering up" followed by only temporary results. It is a reconstructive treatment acting upon the alcoholized brain cells, restoring them to their normal healthful condition, and placing the will power above the temptation.

If you are interested to the extent of desiring to open an institute, address, or call in person at National Institute, Lamar House, Knoxville, Tennessee.

Yours very truly,

NATIONAL INSTITUTE.

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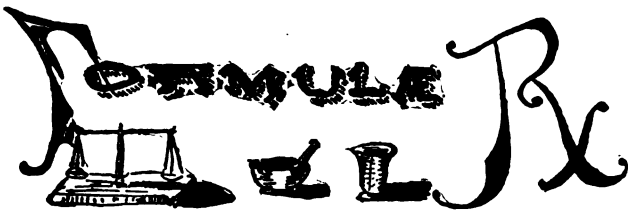

Correction.—An error crept in the composition of the formula published on page 319 of the current volume of the MEDICAL REVIEW. The prescription is for fermentative dyspepsia and the water should be added in the quantity specified and not to ("ad") that quantity.

Hair Tonic.—The following is recommended in the *Pharmaceutical Era*:

℞ Sulphate of quinine, - - - ℥ss.
Alcohol, - - - - - ℥ij.
Tinct. cantharides, - - - ℥j.
Tinct. capsicum, - - - - ℥ss.
Ammonia water, - - - ℥ss.
Glycerine, - - - - - ℥j.
Bay rum, - - - q. s. ad ℥vj.
M.
Sig. Apply daily.

Catarrh Snuff.—The following is recommended by Ciechauski (*Med. Bull.*):

℞ Cocain muriat., - - - gr.iij.
Menthol,
Acid. tannic, - - - aa gr.xv.
Acid. boric, - - - - ℈ij.
Amyli, - - - - - ℥ss.
M. Et tere bene.
Sig. To be used as a snuff.

Naso-Pharyngeal Ulcers.—The following is recommended as a topical application by Coupard:

℞ Pulv. camphor, - - - - ℥ij.
Pulv. salol, - - - - ℥iv.
Alcoholis, - - - - - ℥x.
M.

Antiseptic Paper.—The following is given as a method of preparing antiseptic paper with which to dress wounds. The paper is first dipped in the following solution and then dried:

℞ Hydrarg. bichlorid., - - - gr.x.
Glycerini puriss., - - - ℥ss.
Aquæ puriss., - - - - ℥j.
M.

Varicose Eczema.—The following ointment is recommended by Davezac:

℞ Zinci oxidi,
Talci veneti,
Picis liquid., - - - aa gr.xv.
Vaselini, - - - - - ℥v.
M.
Sig. Apply morning and evening to the affected part.

Jinks.—"How's this? Why are you not willing to subscribe something toward a monument to Columbus, the discoverer of America?"

Winks (suffering from rheumatism, sore throat, catarrh, bronchitis, and a touch of grip): "Because if he hadn't discovered America I wouldn't have been born in this cursed climate."

A Cheaper Grade.—Patrick had had some experience with doctors' prescriptions, and when the paper with the mysterious hieroglyphics was handed to him he gravely offered it back.

"Please, sor, would ye kind enough to write it in less expinsive language, sor? I be a plain man, not used to fine living, and the medicine would do just as much good in English."

Encouraging.—Physician (automatically), "You have pain in the head?"

Patient.—"No, doctor."

"You have desire for food?"

"Much."

"When you walk you become tired?"

"Never."

Physician (taking up medicine case)—"Have hope, my good fellow, we'll soon make all these symptoms disappear."

Her Paunch Came Out.—A young green country boy went to Marshall, Ill., to "study medicine" with that celebrated Kentucky Dr. D., who, for a joke first gave the boy a Worcester's dictionary of the English language. The boy said this was a splendid scientific work, only it changed its subject most too often for continuous thought. Next he read the history of the United States and finally the United States Dispensatory, and with this qualification he swung his shingle to the breezes of Illinois. Soon he had an obstetrical call. Never having seen such a case, he was somewhat at a loss how to proceed. Finally the child was born, and by the help of an old lady, he got the cord tied, and then he proceeded to examine and find out if all was as it should be. He pulled upon the cord and soon out came the after-birth. He tried to force it back into the vagina. He could not get it back. He was greatly puzzled how to replace the after-birth. Finally the happy thought came to him to have counsel. This is what he wrote to a brother practitioner. "Dick, come quick, Mrs. R—— has had a baby, and her whole damned paunch has come out and I can not get it back."

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Sick Man.—"I want a drink of gin and will have it."

Minister.—"But, sir, you are dying. You can't expect to be received within the golden gate with the smell of gin on your breath."

Sick Man.—"Pshaw! I'll have stopped breathing before I get there."

The Side to Sleep On.—"Which side should I sleep on, doctor," he inquired.

"In winter or summer?" asked the doctor, rubbing his chin thoughfully.

"What's that got to do with it?" exclaimed the patient, half angrily.

"A great deal," responded the doctor mysteriously.

"I don't see it."

"Of course you don't," said the imperturbable; "if you did you would'nt be here asking me questions about it."

"Go ahead then," said the patient, sitting back resignedly.

"Well," continued the doctor, "in winter, when it is cold, you should sleep on the inside; but such weather as this you should sleep on the outside in a hammock with a draught all round it, and a piece of ice for a pillow. Two dollars, please."

A Young Doctor, so fresh from both literary and medical colleges, that he had not learned to translate his technical phrases into common parlace, was called to see a young girl suffering from "gastritis." Before leaving he ordered the anxious mother to "apply a sinapic cataplasm upon her daughter's hypogastrium." Soon the father came—the directions of the doctor were repeated to him—neither knew what to do. They called in a neighbor who said, "hypo" meant under the "gaster"—the belly. Now all was clear, they put the mustard piaster over the girl's generative organs. Next morning the doctor was quite wrathy when he saw the pitiable condition of the girl, although rendered so by his uncommon English.

A Traveler was moving West on the National road in one of those "prairie schooners," common in the early days. He stopped for the night at the only hotel at Martinsville, Ill. About 10 P. M., the traveler's grown daughter camplained of "pains in the stomach." No physician was obtainable except a young eoctor fresh from "Rush." He went, examined the girl, (?) and ordered a mustard plaster applied to her stomach. The pains continued at regular intervals—the girl got worse. One of the older doetors had now returned to town and was called in. The young doctor from "Rush" stood at the foot of the bed. Soon there was a squall. The young doctor left for his office. Two days later he had another call to go three miles in the country to deliver a country woman. This was too much! He seized his pill bags, threw them into the street, and has never again attempted to practice medicine.

The Central Traffic Association has authorized a reduction of railway fares to Detroit for one-half. Delegates may thus secure round trip tickets at point of departure wherever located in the territory of the above Association. The Western Traffic Association has not been so liberal, the rate allowed being one and one-third for the round trip, on the certificate plan.

The Wabash Route is the Fast Line to Detroit. Tickets will be on sale at ONE FARE for the round trip from St. Louis to Detroit, June 6 and 7, 1892, good going on date of sale; good returning until June 13, 1892, for the occasion of the meeting of the American Medical Association at Detroit. Free Reclining Chair Cars, Parlor Sleeping Cars, and Dining Cars. City Ticket Office, S. E. corner Broadway and Olive Street, St. Louis, Mo.

American Medical Association at Detroit.—For this occasion the Toledo, St. Louis and Kansas City R. R.—CLOVER LEAF ROUTE—will issue tickets for one fare, round trip, $12.00. Tickets on sale June 6th and 9th; limited to June 13 for the return. Double daily service. Free buffet reclining chair cars. Buffet vestibuled sleepers. The most pleasant route to Detroit embracing all the lake and river scenery from Toledo to that City. The "Clover Leaf" is as fast as any route and, in addition, is the cheapest from St. Louis to Detroit. Those who are going to attend the meeting at Detroit should apply early for information, etc., which may be obtained at the Ticket office, 505 Olive Street, St. Louis, Mo.

Old Virginia for Health and Old Age.—If you want to see a great number of people, all of whom have attained very old age, you should travel through the mountainous country of Virginia. In communities of, say, 3,000 persons, one-fifth of them are well nigh on to a hundred years of age. In these mountainous districts, there is no malaria to eternally perturb one's physiological functions, as in the malarial belts; besides the virgin country is everywhere supplied with pure spring water, and, of course, this is the secret of why so many people live to be so very old. It is only a short trip to the White Sulpuur Springs District, in the neighborhood of which perfectly pure, as well as the various mineral waters flow up out of the rocks at a hundred different points, and we cannot imagine a more desirable locality for both sick and well persons. The physician could not send his family to a more delightful place to spend the summer than in the neighborhood of White Sulphur Springs. The Chesapeake and Ohic R. R., with its F. F. V. train runs directly through this country, and is only a few hours travel from St. Louis.

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MEDICAL REVIEW.

A WEEKLY RETROSPECT OF MEDICINE AND SURGERY.

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A. H. OHMANN-DUMESNIL, A.M., M.D., EDITOR, 5 SOUTH BROADWAY.

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Provident Dispensaries.

The dispensary problem seems to be as far from being solved as it ever was and the complaints made in regard to the system seem to be as numerous if not greater than ever before. The dispensary abuse is far from diminishing and, if we are to believe many practitioners it has become a veritable Old Man of the Sea. There can be no question whatever that the privileges of free dispensaries are abused to an extent which is almost incredible. This is not to be attributed to the rapacity of clinicians alone but a number of other circumstances conspire to produce this state of affairs. The evil is one very difficult to remedy in many instances and the cause of the trouble lies in the hands of those who, perhaps, complain the least and suffer the most. To make the matter clearer we will relate a condition of affairs which is far from uncommon. The men who have the largest clinics are generally those who have had a great deal of experience and who have achieved more or less reputation in the treatment of those diseases which is their particular province. Their advice or help is naturally desired by a large number of patients who, while not necessarily paupers, still feel that they are unable to pay the large fees exacted by the physicians under whose care they desire to place themselves. Knowing that a moderate fee would be neither accepted nor acceptable they are, perforce, driven to the free clinic of that physician however repugnant such a course may be to them.

In such cases the general practitioner suffers in no wise. His aid is not desired nor is it sought. A skill which he is not supposed to possess is wanted. Another condition of affairs also exists and it is here that the most harm is done, although, when thoroughly sifted it will be found that it is more apparent than real. Patients are far from numerous who prefer to accept free treatment than pay for it. They will submit to the publicity of acting as a clinical patient rather than visit a physician privately and pay for a consultation. The question is as to whether this works any harm. We are rather inclined to think that it does not. It is true that it deprives a practitioner of a certain number of debtors and lessens his professional work. It is equally true that those who prefer the publicity of free clinics on account of the fact that they need pay nothing, are the very class who, if they consult a physician will never pay him. There are certain persons whom it is not necessary to encourage in habits of pauperism. They acquire them without instruction and, in many instances, it seems to be an innate characteristic.

Many general practitioners have done a great deal toward multiplying the number of patients at free clinics. This has been accomplished in one of two ways. First, by squeezing out of their patients every *sou* which could possibly be extracted and then refusing further treatment unless paid for services. In the next place, by disgusting the patient with the ineffectual treatment given or inability to afford the relief desired. We do not desire to refer to the physician who in an insane desire to gain a livelihood is willing to accept as a fee any sum tendered no matter how small that may be. Such conduct is simply discreditable and has contributed much to bring many honest and capable men into a certain disrepute so far as their professional attainments are concerned. This cutting of prices acts very much in the nature of a boomerang, for patients will, in many instances, prefer being treated at a clinic than by such "cheap" men. They, at least, have the satisfaction of

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being able to say that the man who has charge of their cases is prominent in his profession and universally looked upon as capable. They need not state that it is at a free clinic that the services are obtained. Thus another incentive is offered, by the complainant himself, to produce the state of affairs which he claims to be so deleterious to his business.

A solution of the problem has been attempted in England with but indifferent results, it is true, if we are to believe the complaints of the mass of the profession. The provident dispensary abuse is a never failing cause of dissatisfaction. The provident dispensary is an institution, if we understand it aright, whereby an individual may secure medical services for himself and family at a certain fixed sum per annum. The parish regulates this and receives the money accrueing from these contributions. A practitioner has charge of the practice at a certain fixed salary. He is provided with one or more qualified assistants, as the exigencies of the place may demand and these are also the recipients of certain salaries. All contributors to the fund are entitled to medical and surgical services and in this manner are enabled to obtain them at a minimum cost to themselves and are at liberty, on this account, of being as exacting and insulting as they please.

If we are to believe the accounts furnished by the provident dispensary doctors their lot is not a happy one. Between the parish and the parish authorities they find themselves so frequently placed in uncomfortable situations, the pay is so inadequate to the services rendered, and the prospects of any improvement so slender that few will remain for a prolonged period of time unless actually forced to by the pressing necessities frequently produced by the wants of a family which must be supported.

Similar in scope and practically the same condition is that which obtains in so-called mutual aid societies. In these the members contribute a certain monthly sum per capita which is appropriated to the medical fund all of which is turned over to a physician who, in turn, is required to treat all the members and furnish the medicines required. This not only is considered ample remuneration but members do not hesitate to exact extra labor without pay such as mixing a little medicine for "the wife" or for "one of the children." This plan of mutual aid societies is nothing new in this country. We know of several physicians who do this sort of thing and in nearly all the cases they give their services at the rate of one dollar per head a year, exclusive of medicines. They expect to obtain the family practice of these members; but, in return, they are invariably expected to make such minimum prices (based upon what they receive for the treatment of the members) that there is not even a bare living in it and were they forced to depend upon this income for subsistance they would starve to death.

So far as the provident dispensary question is concerned it has not proven a satisfactory solution to a very perplexing problem. The profession of England is far from being satisfied with it as an institution under our methods, it would certainly fail most oughly in this country. The plan has been sug in some American medical journals as a possibl tion of the free dispensary abuse, but it certainly not accomplish the purpose intended. It woul serve to aggravate the trouble which is alrea enough as it exists. This proposed solution is good one on this account. To increase the co tions surrounding an intricate question is not so To simplify the matter is the only feasible pla manner in which this is to be accomplished is matter at issue and it is one which presents s difficulties that we will certainly not attempt it. is certainly much easier to point out existing e to remedy them or advance methods of im them. And, while it is certainly easier to poin defects of proposed changes than to suggest bet it is not reprehensible to do so in view of the there is no necessity of "jumping out of the the fire."

While it is true that we are suffering from ent evils of a system which is anything but per certainly not a wise move to adopt another on with greater disadvantages. Much thought combined experience of others may possibly partial solution of the whole matter. Of one are certain—the provident dispensary plan makeshift in whose train new and unexpected cations of a serious and disagreeable nature wi follow. It will lead to no good and until so better is suggested it should be left severely Moreover, no plan will be found to be of univ plication in this country. A certain method good, but it will have to be modified and adapte particular environments of the locality whe brought into execution. In the meantime, the sion should make it its duty to take this into consideration, as upon it depends, in a great m its *modus vivendi*.

The Praise of Physicians is seldom su T. C. Minor gives an extract in the *Lancet-Clinic* we reproduce. He says that there are those wh loudly spoken in praise of the medical profess this console us. There are two names in France the defenders of doctors against calumny whic impose respect for our profession. The immorta eaubriand has dedicated one of his most eloquent to physicians. Let us cite but one short extract:

Considered under all circumstances, physician class connot be respected too highly. It is among that one meets true knowledge and true philosop whatever place you may be thrown, you will alone if you can find a doctor. Physicians have prodigies for humanity. They are the only me the clergy, who should never be sacrificed during lence. What philosophers have more honored m than Hippocrates and Galen? Let us cease revi

admirable science, which clings to the noblest and most generous sentiments. Praised in chants by Homer and Virgil, it claims all that is most beautiful in memories of the past. The study that it imposes is immense; it gives us the marvelous ideas of ourselves, since that, in order to know only our material edifice, it is necessary to know all in nature. Hippocrates, by a sublime expression, calls the body the effigy of man; we might also compare it to a palace in which, after the soul's flight, the physician wanders through the solitary galleries, as one who visits a deserted temple now abandoned but once filled by the presence of a divinity.

The Ideal in medical journalism has not, and never will be attained, says the *Journal* of the American Medical Association, and it is well that this is so, for then the ambitious journalist would in a great measure cease his labors.

Not infrequently a physician is seized with an ambition to show his fellows just what a medical journal should be and what it should do, and one of his first propositions in his mind is a publication that will be absolutely clean and free from all repugnant advertisements, and, in his estimation, all advertisements are repugnant.

A theory is adopted that an announcement to the medical profession of a medical journal without advertisements will cause hundreds and thousands of names to be sent in as subscribers. The theory is excellent, the ideal is on a high plane; but, unfortunately, the hundreds of expected names do not come in, but instead, the printer's monthly statement is singularly prompt, and if not at once paid, a dun quickly follows, saying, paper bill is due, and printers must have their wages every week, to say nothing of rent, taxes, etc.

The luxury of furnishing copy and seeing a clean sheet is highly enjoyed. English adjectives are not sufficiently strong to do justice to the publication; but the vexatious counter irritation produced by the aforesaid bills fairly blisters the ideal journal, the monthly application soon becomes monotonous, and a running sore is established. The ambitious editor loses patience with all other members of his profession for not flocking to his relief, and as they don't flock, he is apt to indulge in adjectives and resolutions of condemnation. There is no hazard in saying, there is not an editor in this country who would not greatly prefer the management of a journal without advertisements than one with them.

Unsuccessful Results while not palatable are certainly instructive. In an article in the *Int. Jour. of Surg.*, Dr. Gaston says that "the question may be raised by some in regard to the advantage of reporting surgical cases which have a fatal termination, and yet these are danger signals which may save the unwary mariner from being wrecked in a voyage upon the same sea.

We take this opportunity to express our perfect concurrence with the views of the writer. An unsuccessful is invariably a greater teacher than a successful one, if the operator has been able to point out the exact reasons and factors that brought about the result. The best surgeon is the one who, through his own and the experience of others, knows all the pitfalls and the snares that may bestrew his path, and has learnt to avoid them. And if our surgical reading is to be limited to the experiences of those who report none but those cases of which the outcome has been favorable, our ideas as to the severity and risks of special procedures become distorted, inaccurate and to do injustice to ourselves and to our friends. We all desire reports of unsuccessful cases, and their whys and wherefores, we can conceive of no greater usefulness for a surgical paper than to become the sign of warning against dangers ahead. If our most prominent surgeons were to publish in any one paper none but those procedures which in their hands failed to relieve or were followed by death, that paper would be most widely read, not in a spirit of carping criticism, but as containing indications and warnings of the utmost importance and value. It would be a guide with which not a surgeon could afford to remain unprovided, and, of greater importance still, it would be a noble and fruitful example to lesser lights. It would lead to a more general adoption among all surgeons of a habit of reporting cases which of themselves are of supreme importance, and of presenting statistics far more representative of the real results of surgical endeavor than are many of those which have been so profusely accumulating for some years past.

Infanticide Unlimited is what the *Lancet* calls it. It goes on to say that the records of infanticide in that country have revealed nothing which will equal in methodical and callous wickedness the disclosures recently made in a Russian court of law. The history of a trial which has just reached its close at Vilna states that eleven persons have been charged and seven convicted of the deliberate murder, or complicity in the murder, of at least sixty-five infants. These children evidently belonged to the "unwanted" class. Many of them appeared to have perished merely from wanton exposure and neglect. Others were poisoned, drowned, strangled or otherwise suffocated. The case almost, though as we shall see, not quite, unique in its multiplied barbarity, is in several ways deserving of particular note. The motive was obviously that of gain. Murder was adopted merely as a means of livelihood. Its plan followed no regular indication but was covert or open, violent or subtle, as circumstances might seem to require. It is remarkable, however, that its perpetrators appear to have acted with singular want of caution, as if liable to no great risk of detection. It has been stated that they were persons of Jewish extraction, though whether this assertion can be substantiated we are unable to say. It recalls what we have always regarded as a slander of the middle ages, and one which is utterly out of keeping with the ordinary character of the Jews—a people essentially law abiding

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and particularly averse to crimes of violence. Their accusation in this may possibly prove to be only another instance of myth created by racial prejudice. However, this may be, the commission of a series of aggravated crimes with so little precaution, taken along with a like precedent reported a couple of years ago (*Lancet* Nov. 22, 1890) cannot but suggest a doubt as to the efficiency of executive authorities. Such would be its certain consequences in this country, and probably in Russia also. Notwithstanding the vastness of that empire, decentralization is not a strong point in its system of government. A question naturally arises whether this principle should not be more freely applied, due regard being had to its orderly administration. By this means, aided by special provisions which would not be superfluous in the law of any country, such monstrous excesses of crime as those above described would become practically impossible.

The Code is a Dead Letter says the New England *Medical Monthly*. No one questions that, and why not take the proper and manly stand, and abolish it entirely. General Grant once said: "A law on the statute books should be either enforced or repealed, and the only way to get an obnoxious law abolished is to enforce it," and we believe this is the only way out of the code matter, for the Association is constantly stultifying itself every day in accepting members who are not in sympathy with the code, and who constantly violate its provisions, and elect these men to prominent positions of office and trust. Let us do away with the code or enforce it, probably the former is the better way.

Free Dispensaries still agitate the journals. The *Corpuscle* states that during the past few months many medical journals have received contributions from the profession in regard to the question of dispensaries. Some writers took the ground that dispensaries were patronized by that class of people who, if there were no such institutions, would employ the young practitioners whose fee they would be well able to pay. Even granted that needy people were treated free of charge, the young doctor lost many cases which he would gladly take merely for the sake of gaining experience. To this we would say that students must have clinical instruction, otherwise they would have to wait until graduation for practical experience, which manifestly would be absurd. Others maintained that the attending physicians used the institutions for their own private ends.

From the nature of the philanthropic work it is well nigh impossible to absolutely exclude patients who are able to pay, when they come in the guise of the sick poor. But action can be taken when a physician in the role of a worker for charity demands as his right, and even forces patients who came to the dispensary with the expectation of receiving medical attendance free of charge, to pay for services rendered. Such a despicable person should be severely censured and even publicly reprimanded, for the case is surely worthy of it. Should a patient be in affluent circumstances the doctor is doing a moral wrong to charge for his ministrations in the dispensary. If he knows the patient has money he should inform him that he cannot receive treatment in an institution which is intended for the poor. At the same time the physician should not insinuate that the patient should call him to attend to the case.

If physicians generally would work in unison with dispensary staffs many of the evils would be obviated—for instance by reporting cases either when members of the staff charge without authority, or to notify the proper officials when a patient, able to pay, calls a dispensary physician.

The Road to Medicine has no near cuts (*Ex.*). They are delusions. Some young men are carried on the shoulders of an older and stronger, and imagine they go faster, but it is doubtful. The independence lost in this mode is a most important factor later on. Bridges furnish strong temptations to the weary and discouraged. The best grazing appears on the other side. The wise know better than this, but a few are always on the outlook for something simple. The bridge furnishes the excuse and is usually crossed like the fifth proposition of the first book of Euclid, by the beginner—backwards. Nevertheless, it's crossed and the fields of patent medicine and homeopathy are reached. The vender of the first conscientiously believes that his remedy does good; of the second only that his remedies do no harm. But whatever the belief or result, something easy is attained. The patent medicine trade is somewhat the most difficult to learn. It requires a better knowledge of human nature and a stronger development of the perceptive faculties. Homeopathy requires a little more of the Sir Oracle appearance, but only a few weeks' study. What is commonly termed "gall" is a requisite factor to both trades. In one it is bold and dashing, in the other subdued. Neither requires further study or research or investigation after the first few weeks. Think how quickly Dr. Ellis mastered homeopathy. If it furnishes such charms to him, how very seductive it must be to shallow minds, that have experienced the toils of regular medicine.

We should thank our Creator continually that he has endowed some with the mental powers necessary to grasp and apply medicine as it should be. What a dark day it would be for science and knowledge if investigators were content to rest on their oars and drift in the lazy, listless and contented but darkened seas of homeopathy.

Bedside Instruction is warmly advocated by the *Medical News* which says all men are heir to the ills of flesh. All men at some period in their lives seek medical assistance. It is, therefore, to the interest of all men that those to whom they will apply for such assistance shall be qualified in the highest possible degree. Real qualification for the physician's duties is not to be

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gained in the study, in the laboratory, or in the lecture-room. The man who can pass the most brilliant examination for his degree is not always the best physician. Theory must be married with practice. The instruction gained from books, from experiments, from the living word of the teacher as he explains principles, summarizes medical history, and relates his own rich experience, must be reinforced and made fruitful by actual contact with disease and with patients at the bedside. Either this fructifying contact of theory with practice must be gained under the direction and supervision of experienced teachers, upon whom shall rest the responsibility for the diaenosis of the cases and for measures adopted for the relief of the patients; or it will be gained only at the cost of much perplexity to the practitioner, and more or less suffering and risk to the patient, after the practically unqualified student enters upon the duties of his profession.

One reason why the country doctor—even if less richly cultured from a literary or scientific standpoint than his brother of the city—is often superior to the latter in the readiness with which he meets emergencies, and in the soundness of his judgment under trying circumstances, is that the country practitioner, as a rule, has been bred to practical medicine by constant association in the work of his preceptor.

It has long been a reproach to our American colleges that they would grant degrees to men who had come no nearer to a patient than might be necessary to look upon him from the benches of the clinical amphitheater. In Great Britain and on the Continent of Europe medical teaching has always been largely done in the hospitals, and the tendency to magnify the importance of such teaching and to increase the opportunities therefor that has recently developed in American schools, is from the standpoint of medical education a most desirable step in advance. It is manifestly to the interest of the community to encourage this tendency and to enlarge the facilities at the disposal of the colleges.

Counter Prescribing is commented upon in the North Carolina *Medical Journal*, which says among other things they very few druggists come into the business now through the doors of a college of pharmacy as compared with the hundreds who pick up the business just as any other merchant learns his. The wonder is, therefore, that the druggist of to-day should do more prescribing than many physicians in active practice. The question arises how do they pick up the knowledge which they esteem sufficient to warrant their dosing customers. Most of them do not read the Dispensatories, one rarely knows the Pharmacopeia, a few of them take a druggist journal, but most of them read nothing but the literature that comes packed with the patent nostrums they sell. There is one other source of information which is often and improperly used—the prescriptions they compound for the doctor's patients. One can imagine the conceit of a young drug clerk who stands rubbing up the ingredients of the doctor's prescription whilst he plies the messenger with questions about the sick one for whom the medicine is designed, and so writes down in his mind the easy wisdom gained, to apply it to the customer who may be in a condition he estimates, or guesses, or believes, to be about the same as the one for whom the prescription has been compounded. The less he knows the more certain he is to try his newly gained wisdom upon the first customer who is willing to take his doses. Doctors generally do not know how greatly this evil has extended. The public looks upon every druggist as a doctor of more or less skill, and the druggist, instead of magnifying his own office, taking pains every day to make himself an indispensable ally of the doctor, allows himself to be dubbed with a title.

There are two remedies that suggest themselves: Reduce the number of drug stores to one for every four thousand people, devoting their sales exclusively to drugs, relegating seeds to the seed-dealers, cigars to tobacco stores and bar-rooms, soda-water to confectioners, notions to the dry goods men, playing-cards and stationery to the book-stores, and for self-respect, as educated pharmacist, refuse to sell patent medicines. What would then be left? The druggist could draw in his shop room, reduce his rent expenses, clerk expenses, etc., and find time to make his own preparations, thereby restoring himself to the esteem of the profession, and then he would come nearer having that knowledge which would fit him for counter prescribing. But this remedy will not be applied, because no one has the authority to reduce the number of drug stores, and there is no visible desire upon the part of druggists to be anything but merchants—bazaar merchants.

The second remedy is for doctors to keep their own medicines. Unfortunately for these suggestions, neither the doctors nor the druggists are pharmacists of sufficient ability—the former to prepare his own drugs for ready use at the bed-side, and the latter to be a druggist in truth.

Lest we do injustice to some of our friends in the drug business, we say, in conclusion, that a few of them are well trained pharmacists, who do a legitimate business and deprecate the necessity of being bazaar merchants, but are compelled by multiplied competition to follow the pernicious course. It is more likely that physicians will rally to these few druggists, directing their prescriptions to be filled only by them, than that more radical measures will be at present undertaken. In the meantime, the best men in both professions must be considering what is best to be done.

The Medical Aspects of the Chicago Exposition are considered by the *College and Clinical Record* which states that apart from the announced fact that an organized and capable administration has been effected for the professional supervision of the Columbian Exposition, but little has been yet published as to the part medicine and surgery, in all their departments, are to play in the interesting programme. Great im-

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provements have been made in every branch during the sixteen years which have elapsed since the remarkable display at the great Exposition at Philadelphia during the centennial year. It has always been a subject of regret that no permanent record of the medical characteristics of those eventful days has been preserved, on which a basis of comparison could be made for the coming Exposition, to exhibit the wonderful progress of the world in the direction of scientific research or of practical professional humanitarianism. We trust some capable local medical historian will aid in perpetuating these distinctive features.

Violations of the Code still occupy much of the time of medical societies. The Hot Springs *Medical Journal* very pertinently observes that the Constitution and By-Laws of the American Medical Associa tion, as far as governing the scientific work is concerned and as a guide for those who have never learned the Golden Rule, and who are not now too old in sin to learn it, is a success—a well planned and excellently written document—and every man in the profession should live by it; but for the Association to waste time and brains (that could be spent in pleasant and profitable discussions elsewhere) on the disgraceful professional standiug of Tom, Dick and Harry, is a sad reflection on the civil courts of the land, and has yet to record its first case in which any final satisfaction has been attained. If the laws of the land are not good amend them. If the officers are derelict in duty, be men enough to proclaim it, and as a good citizen, prosecute the officers. Find the proper men for office and pay them good living wages for their work. Attach honor to such offices and service will be better. This all medical men as citizens have a right to do.

Kidney Cures are inveighed against by the *Popular Medical Monthly* in the following terms: We warn our readers against all quack remedies which cure, or profess to cure, affections of the kidneys. The stomach and the liver can bear a good deal of "quacking" before much injury is produced, and many proprietary medicines if they do no good, do no harm. We, therefore leave them alone, but we draw the line at opiates and kidney remedies. Mixtures containing opium are too dangerous for any one to use unless under medical advice; but kidney remedies are almost more dangerous, inasmuch as their evil effects are not so patent, nor seen so quickly, though they are none the less real. The kidney is one of the organs that can be more easily injured than helped; indeed, it takes the utmost medical knowledge to treat wisely affections of the kidneys, and no medical man would prescribe for them without having some personal knowledge of the case; it is alarming then to find how intelligent people will swallow "kidney cures" prepared by the most ignorant charlatans.

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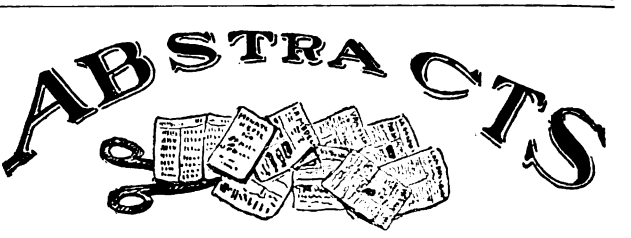
Chloride of Zinc Treatment of Tuberculosis.—Dr. Francis P. Kinnicutt in his Middleton-Goldsmith lecture for 1892 says (Boston *Med. and Surg. Jour.*):

I shall briefly refer to the treatment of tuberculous disease with chloride of zinc injections at the site of the disease, announced to the French Academy of Sciences in July of the past year, by Professor Lannelongue.

It is based essentially on the simple fact that fibrinous induration is to be regarded as the natural curative process in tuberculous lesions. The power of the chloride of zinc to excite such sclerotic processes, when administered in sufficiently small quantity to avoid its more powerful escharotic action, suggested its use in the disease in question. Its action in experimental tuberculosis is thus described by M. Lannelongue and M. Achard. The anatomical elements of the tissues which it penetrates, are destroyed and an enormous proliferation of embryonic cells occurs, not only at the site of the injection, but for some distance around it, with infiltration of the tuberculous tissues with migratory cells to the fullest extent. M. Lannelongue suggests that the latter may destroy the bacilli through the exercise of their phagocytic function. The morbid tissue destroyed by the chloride of zinc is slowly absorbed and disappears; the embryonic cells, on the contrary, organize with great rapidity and form firm fibrous tissue, which exists in appreciable quantity as early as the day following the injection.

Twenty-two patients were subjected to this treatment by M. Lannelongue, The list embraces two cases of pulmonary tuberculosis and twenty of suppurating and non-suppurating tuberculous disease of joints and glands. Excellent results are claimed to have been obtained in a majority of the latter. An opportunity was afforded in a case of more or less fused tuberculous glands for comparing histologically, glands which had been injected and those which had been left without treatment. Excision showed caseous material surrounded by a zone of tuberculous tissue within a fibrous sheath, in each; in the injected glands, however, there was a large amount of dense fibrous tissue and firm adhesion to the investing membrane. A report of the results in the pulmonary cases was reserved until a longer period had elapsed.

While recognizing the possible utility of this method of treatment in tuberculous joint and gland disease, either as a remedial measure or as an adjunct to surgical procedures and suggesting the desirability of more extended investigations in this direction, its application in pulmonary tuberculosis, in his judgment, should be re-

garded with the greatest reserve. Aside from the difficulty of introducing intra-pulmonary injections in any exact way at the site of the lesion, the extent and complexity of the morbid conditions usually present would seem to preclude the possibility of its usefulness as a method of treatment.

The technique of the method employed by M. Lannelongue is to inject two drops of a ten per cent. solution, in a number of places around the periphery of the diseased part, in cases of tuberculous joints, bones and glands. Suppurating glands are thoroughly irrigated with sterilized water and the injections made under rigid antiseptic precautions. In cases of pulmonary tuberculosis, a solution of one in forty is used for the injections.

"Schwalbe" Method of Treatment of Reducible Herniæ.—Mangoldt, Dresden, has published an interesting review of Steffen's article describing this method (Boston *Med. and Surg. Jour.*). The Schwalbe method consists of the subcutaneous injection of alcohol (twenty to seventy per cent), by means of a Pravaz syringe, with antiseptic precautions, into the ring, as near as possible to the hernial sac; amount two to three grammes; repeated four to fourteen days, according to sensitiveness of patient and amount of reaction; these injections omitted, and recommenced after a pause of eight to fourteen days. Treatment continued till the diffuse thickening and fibrous contraction thus caused has completely closed the ring. The article describes accurately the technique of the method. The duration of the treatment varies from one month to two and a half years or more, according to the age of the patient, the size of the hernia and the diameter of the ring.

Results reported: cured (all varieties) 245 (83.62%); relieved, 19 (6.46%); not cured 29 (9.9%). A "cure" was a hernia, which was relieved so that the patient had worn no appliance for at least six or seven months, and examination by coughing, straining, standing, lying or by invagination of scrotum, was negative. The canal was not always completely closed, but the hernia never recurred, on account of the firm adhesion of the peritoneum around the inner ring. The cases of failure were in fat patients; thin patients with relaxed, flabby tissues, chronic bronchitis and emphysema, very large herniæ; and where the treatment was not continued long enough. Recurrences in ten per cent of cases due to too short treatment, chronic cough and constipation. There is no fatal case reported. One patient has remained cured fourteen years. Steffen claims to cure four-fifths of his cases. The patient does not, when cured, require a truss or bandage. The younger the patient, or the more recent the hernia, the better the prognosis and the shorter the duration of treatment. The results in patients unconfined, with three to seven days' intervals, give quicker results than daily injections of patients confined to bed. If the hernia is easily retained by bandages or truss, occupation may be continued during treatment. In rare cases the alcohol has caused urticaria, dyspnea, vertigo, intoxication by vegetarians.

Discussion on Questions Pertaining to Syphilis.—We reprint the following discussion from the *Medical Record* as one which we are certain will prove of the highest interest to our readers. It took place at the recent meeting of the New York County Medical Society. The questions discussed were: 1. Is it possible to favorably influence the course of syphilis by treatment during its primary stage? 2. What factors influence the severity of the disease? 3. What effect does syphilis exert upon the duration of life?

Is it Possible to Favorably Influence the Course of Syphilis During Its Primary Stage?—Dr. J. A. Fordyce read a brief paper on this subject. The question was obscured to some extent by the fact that the primary stage, with or without treatment, varied in severity in different cases, the full cause of which we did not know. It might be stated at the outset that we had every reason to believe that syphilis was of bacterial origin. He had observed in a number of instances that the early eruptions were severe when they followed an unusually large or edematous initial lesion, and he had been led to believe that the amount of the virus in the initial lesion had much to do with the early manifestation of the disease. The extremes of youth and old age, and conditions impairing the general health, predisposed to a severe form of the disease. Syphilis not infrequently developed tuberculosis or rendered latent tuberculosis active. Alcohol hastened the evolution of syphilis. Chance alone seemed in the great majority of cases to govern the location of the lesions, whether in the bones, nervous system, etc., while in other cases the weaker parts seemed to be selected. If locomotor ataxia could be attributed to syphilis, this manifestation of the disease selected males for its victims. A number of syphilographers had explained the malignant cases of syphilis on the assumption that the seed was sown in new soil.

Dr. E. B. Bronson also spoke upon the first question, Could we influence the course of syphilis by treatment during the primary stage? He said he had not been able to satisfy himself on this point. He would consider the question of treatment during the primary stage under two heads: 1. Preparatory treatment; 2. Anti syphilitic treatment. The former, preparatory treatment, was desirable in order to get the patient ready for the manifestations of the disease. There should be hygienic surroundings, the general health should be improved, one should look to the action of the emunctories—the skin particularly, for upon these the elimination of the poison depended. Attention should be given the teeth and mouth preparatory to the use of mercury.

Regarding the second question, he assumed that syphilis was primarily a local disease; could we, then, eradicate it by excision, etc.? He thought that with the evi-

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dence before us at present we must reply in the negative. He was speaking of the poison when it had affected the nearest lymphatics, not of immediate contact. But it seemed to him not at all improbable that by the introduction of mercury within the lymphatic district which corresponded to the region occupied by the chancre we could to a certain extent forestall the effects of the poison. He believed the poison entered by way of the lymphatics. The method which he suggested was by inunctions. He had formerly mentioned hypodermic injections, but his experience had taught him that this was not feasible. If the objections which had been offered by some to the use of mercury during the primary stage had any foundation, he thought they would not apply so forcibly to the local inunctions used as just recommended, the object of which was to attack the poison at its entrance to the system.

Objects to Treatment During the Primary Stage.—Dr. Eugene Fuller stated some objections to antisyphilitic treatment during the primary stage, relating some experience in support of his objections. The two principal objections were that early treatment obscured the diagnosis, and that the patient would seldom persist with treatment unless the existence of the disease had been fully demonstrated. To show that even the best syphilographers might fail in diagnosis, he referred to two cases in which a lesion was pronounced by experts to be the initial lesion of syphilis, no treatment was instituted, there were no secondary manifestations, proving that there had not been syphilis. He could also relate a number of cases in which the regular course of the disease had been so interfered with by treatment during the primary stage, that afterward there was doubt as to the diagnosis, until paralytic symptoms appeared—symptoms which probably would have been avoided by persistent treatment.

Advise Early Treatment.—Dr. W. K. Otis thought the question of obscuring the diagnosis should have nothing to do with the treatment. As soon as one had made the diagnosis it was his duty to begin treatment by mercury. We know that the initial lesion or other sore which might ordinarily prove rebellious would heal quickly under constitutional treatment by mercury. He believed secondary symptoms were largely prevented by immediate treatment. This was desirable, for few persons cared to lose their hair, eyebrows, and have disfiguring eruptions, and perhaps be kept home from their business, simply that the physician might be more assured of his diagnosis. As to aborting syphilis, he did not think it possible by any treatment in vogue, yet he would remove an initial lesion as a source of inflammation and discomfort to the patient.

Dr. Fuller interjected that he thought Dr. Otis had put the case in an extreme light, for it was not necessary to wait until the eyebrows fell out, and other marked disfigurements occurred before one could be assured of the diagnosis, and thereupon could commence treatment.

What Factors Influence the Severity of Syphilis?—Dr. S. Alexander directed his remarks to this question. He would make two subdivisions of it: 1. What were the factors which favorably influenced the course of syphilis? 2. What were the factors which increased its severity? Regarding acquired syphilis, he thought it was more severe in childhood than in old age. Many of the statistics on this subject, and on others also, were misleading. His own experience had not been large enough, of course, to base upon it a posive answer to any of the questions under consideration. It was generally recognized that syphilis was milder in countries where it had existed longest. Idiosyncrasy had to do with the severity of the disease, as it had in small-pox, etc. The discussion on the influence of the rheumatic and gouty diathesis had been a warm one, some holding that they created a tendency to suppurative lesions, others the contrary. His own experience had been that in the rheumatic, the symptoms of syphilis had been mild, yet they had lasted long. Syphilis was worse under bad hygienic surroundings. As to tobacco, its influence was bad only because of the local irritation which it caused in the mouth. The mouth should be put in a healthy state, there should be no sharp broken teeth. As to alcohol, he advised hard drinkers to give it up because of the injurious effects on the general health, and lighter drinkers because of the irritation of the throat. Yet the moderate use of stimulants at the table by those accustomed to it need not be prohibited.

Irregular treatment, which was especially apt to be observed among patients who went from physician to physician, was bad. The symptoms were apt to be aggravated by measures which injured the general health. He also believed that the administration of large doses of iodide of potassium when it was not needed made syphilis severe. One of the greatest evils in New York was indiscriminate "mixed" treatment.

What Effects Does Syphilis Exert Upon the Duration of Life?—Dr. Oscar H. Rogers discussed this subject with life insurance statistics as a basis. Out of three or four hundred thousand lives insured which he had been enabled to study, there had been fourteen to fifteen hundred syphilitics who had been cured from four to five years. It would require about ten thousand cases as a basis for conclusions which could be regarded as at all reliable. Out of the fourteen to fifteen hundred the mortality had been thirty-seven, which was rather high. The age at death of insured people for a considerable number was about forty-eight, whereas for these syphilitics it had been about forty-one. In other words, syphilitics had apparently lost about seven years of their life by the fact that they had syphilis although they had been "cured" for five years, at the age of thirty the probable length of their lives being, instead of sixty five, fifty-eight; in other words, a loss of one-fifth of their longevity. The man of fifty years had lost one-third of his longevity,

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the probability being that he would live only to sixty-four instead of to seventy-one. Roughly speaking, the syphilitic had probably lost from one third to one-fourth of his longevity.

Among the 17,000 deaths which he had studied among all classes of insured, he had found that 2 in 170 had died of paresis: whereas, among the syphilitic deaths, paresis was the cause in 1 out of 18. He had found nothing to show that syphilitics were more likely to be carried off by lung disease. He hoped other physicians would add to these statistics.

Dr. Rogers thought the mortality from syphilis was greatest in continental Europe, then in England, then in the colonies, lastly in the United States. This was, he supposed, to be accounted for, either by the fact that syphilis was milder here, or else we know better how to treat it.

Dr. Paul Gibier thought it likely the life insurance companies carried many more syphilitics than they supposed, for men did not always consider it obligatory to give a correct answer to interrogatories bearing on this subject. As syphilis was treated to-day, he thought it did not shorten the duration of life. The disease was more severe in new blood.

Be Sure of Your Diagnosis Before Instituting Treatment.—Dr. P. A. Morrow thought it was generally admitted that under constitutional treatment during the first stage the initial lesion melted away faster, and the secondary lesions were deferred; there was, in other words, derangement in the natural order of the symptoms. Yet mercury used at this stage did not modify the intensity nor the duration of syphilis. A positive diagnosis could not be made at the primary stage, yet it was of very great importance to clear up any doubt, and for these reasons he objected to the use of mercury early. Special circumstances might justify using it during the primary stage. Regarding factors which aggravated the severity of syphilis, a number had been mentioned by Dr. Fordyce and by Dr. Alexander. Anything which diminished the constitutional powers had that effect. This was especially striking in charity practice. Injudicious treatment also aggravated the disease. If through idiosyncrasy a patient could not take mercury without poisonous effects, the use of the drug should be discontinued, and other measures be substituted. The same was true of iodide of potassium. There was no doubt but what a good deal of harm had been done by the excessive use of the iodide. The idea of attempting to expel syphilis by therapeutic violence should have no place in the rational therapeutics of to-day. But the most essential factor in aggravated syphilis was the peculiarity of the soil.

Treat Syphilis Early.—Dr. C. W. Allen had held for some years that syphilis should be treated early—as early as the diagnosis was made. He performed excision of the initial lesion, hoping to modify the severity of the disease thereby. It was better to tell a man early that he had syphilis, than to wait for symptoms on which to base a positive diagnosis, allowing him meanwhile to go and infect others. The earlier the treatment of syphilis was instituted the more benign would be its course.

Dr. Gibier said regarding the supposed value of mercury when the drug was administered early, that he had seen some very severe cases of syphilis in persons who worked in factories, where mercury was employed, and whose systems were supposed to be fully under its influence. He thought that in the beginning tonic treatment was better than mercurial.

Chilblain.—Prof. Brinton gave the class the following prescriptions that have been used by him in the treatment of chilblain, in which he has found them to answer very well (*Coll. and Clin. Rec.*):

℞ Acid carbolic, - - - - gtt. xx.
Olei terebinthinæ,
Lanolin, - - - - - aa ℥j.
M.
Sig. Apply locally.

Another that is very useful in many cases is the following:

℞ Ichthyol,
Spirit. terebinthinæ, - - aa ℥j.
M.
Sig. Apply locally.

Where there is any tendency to the formation of ulcers the following will serve as an excellent protective:

℞ Iodoformi, - - - - gr. xx.
Collodii flexilis, - - - ℥ij.
M.

Imperfect Development.—The following strange case is reported in one of our English exchanges: On the 8th inst. Mrs.——was delivered of a fully developed child that was found on examination to be a hermaphrodite, having labia in which he believes the testes were lodged, but in the interval between them there was no vaginal opening. The penis was not much larger than a clitoris, and the urethra opened on its under surface. The child had also a cleft soft palate, six fingers on each hand, six toes on the right foot, extreme talipes calcaneo valgus on each side, and a depressed fissure over the sacral spine. The mother had previously been delivered of two children free from abnormalities.

Cephalalgia.—In an article on this subject (*Med. Rec.*) Dr. T. M. Johnson states that he ordered antikamnia in a case with gratifying results. He ordered the remedy in eight grain doses to be repeated every three hours, until four had been taken. He prefers giving it in liquid form, as it is easily taken on account of the absence of any disagreeable taste. He regards its action as an analgesic to be central, so far as the best evidence can show.

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Buffalo Letter.

Editor MEDICAL REVIEW.—The Fourth, or Western Branch of the New York State Medical Association held its eighth annual meeting in the Hotel Iroquois, May 10, 1892. President Judson B. Andrews, Superintendent of the Buffalo State Insane Asylum presided at the morning session, Dr. E. M. Moore, of Rochester, in the afternoon. The President's address dealt with the subject of "Inebriety." Dr. Andrews does not regard it as a disease but as a habit. If it is not a disease it cannot be hereditary. The early reports of asylum treatment were favorable, but later the inebriates have in many instances returned to their former habit just as persons converted under the excitement of a religious revival are apt to backslide. Dr. Andrews, therefore, believes in awaiting, as do the Methodist brethren, the results of a period of probation. With reference to the Keeley cure, Dr. Andrews thinks that the secrecy, the novelty, the enthusiasm of large numbers have much to do with the apparent success.

Dr. C. C. Frederick, of Buffalo read a paper entitled "Why is Intrauterine Irrigation so Often Ineffectual in Puerperal Septicemia?" In the early days of antiseptic treatment, irrigations were used promiscuously and in too great strength. A fever in the puerperal period is not necessarily a septicemia and a temperature of 101° or even 104° often occurs without assignable cause and drops again to normal. The diagnostic value of putrid lochia is not great. Septicemia and pyemia may occur without offensive odor of the lochia or a stinking discharge may occur without general infection. After a certain stage in septic infection, intrauterine irrigation may do more harm than good. If there is a large mass of decomposing material in the uterus, the curette must be used, as irrigation, even with strong disinfectants, is inefficient. Dr. Frederick curettes the uterus after administering chloroform, and usually he uses a blunt instrument. After curetting, a bichloride douche, 1-4000, is given and the mercury washed away with a weak solution of potassium permanganate, or hydrogen peroxide. Intrauterine irrigation through a gum elastic catheter with the patient on a bed-pan, and not anesthetised, he regards as of little more use than a vaginal douche. The patient should be placed on a table in a good light with an assistant at each leg. The hands and instruments, and the vagina should be rendered aseptic. The vaginal portion of the cervix should be brought into view by a speculum or retractors. An iodoform bougie may be introduced into the uterus after the operation. Dr. Frederick believes that supra vaginal hysterectomy would be justifiable if the fever does not diminish after treatment by curetting and irrigation and the use of the iodoform bougies.

In the discussion, Prof. Charles G. Stockton agreed substantially with Dr. Frederick, though he did not wish to commit himself to the advocacy of supra vaginal hysterectomy. He thought that Dr. Frederick might perhaps be misunderstood to convey the idea that non septic puerperal fevers were common. On the contrary, they were quite rare; malaria, especially, was very seldom a correct diagnosis to make in the case of puerperal fever. Prof. John Parmenter preferred the sharp curette, which he had used forty or fifty times. He had never used the blunt curette, but thought that it would be safer for a man not accustomed to the handling of instruments.

Prof. James W. Putnam reported two cases of Brain Tumor. The main points of interest in these cases have already been given in the correspondence.

Prof. John Parmenter reported a case of Gunshot Wound of the Brain. The bullet from a 32-caliber pistol fractured the skull just above the external portion of the right orbit. It was traced to a spot about one inch above the middle of the left orbit where the lead mark was found on the inner table of the skull. The dura was again wounded by the bullet as it rebounded from the bone at this point; the ball could not be traced further. A drainage tube was introduced and an antiseptic dressing applied. After two days the temperature was normal, then symptoms of cerebral abscess began to develop. On the eighth day there was a temperature of 103°, and the patient was delirious. The skull was trephined one inch in front of the left ear at the base line of the skull. The lateral ventricle was tapped and an exploring needle passed in twenty directions through the brain tissue without finding either pus or bullet. The patient ultimately recovered, although he had convulsions for several days two or three weeks later. The drainage of the ventricle seemed to have relieved the symptoms.

Several papers were expected for the afternoon session but the authors failed to make an appearance. Dr. Bartlett spoke of high injections into the colon. He used a solution of bichloride of mercury, about 1-10000, introduced through an ordinary linen catheter. He emphasized the importance of placing the patient on the right side; otherwise, the technique of the operation was simple. He had first used this treatment in a case of very severe dysentery some years ago when death was expected. At that time the treatment was new and untried, but it succeeded beyond his most sanguine expectations; since then he had frequently used this treatment in typhoid fever, colitis, summer complaint of children, dysentery and other diseases calling for disinfection and cleansing of the large intestine, and he had never observed symptoms of mercurial poisoning.

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Philadelphia Letter.

Editor MEDICAL REVIEW.—Notwithstanding the fact that we have been having very unseasonable weather, the health of the community seems remarkably good. Our ordinarily busy practitioners seem to be having an easy time of it and the medical dispensaries having been dropping off in their attendance.

Philadelphia has the well deserved reputation of being the hottest city, during the summer months, in the East. This results in an outpouring of the population upon the arrival of the first warm wave. In fact the latter part of April and the beginning of May find many closed houses among the "well-to-do." By the 1st of July the city seems foresaken. This efflux of the population very much depletes the role of physicians, the older men seeking rest and the younger men practice at the various summer resorts. The days of clinics and lectures will soon have terminated for the season. The majority of the much overworked medical students have already gone to their homes to fit themselves for harder work during the coming year.

Professor LaPlace, of the Medico Chirurgical College Hospital, gave a clinic at the Philadelphia Hospital, May 28. He presented a case of Internal Hemorrhoids upon which he operated. In speaking of the cause of this condition he described the peculiar condition of the blood supply to these parts which consists of the three hemorrhoidal arteries which freely anastomose and the hemorrhoidal plexus of veins which is especially well developed at the lower part of the rectum.

Anything interfering with the return of the blood from this plexus has a tendency to produce hemorrhoids.

Thus in various diseases of the liver or in any other condition interfering with the portal circulation we have a dilated condition of the hemorrhoidal veins since they have their outlet through the portal system. Thus it is that hemorrhoids are a frequent concomitant upon these conditions.

The most frequent cause of hemorrhoids is habitual constipation. Large quantities of hardened feces collect in the rectum and by direct pressure upon the plexus prevent a return of the blood, dilatation follows and we have resulting the painful condition under consideration.

There usually exists in these cases of constipation some defect in the general nutrition and loss of tone which destroys the normal contractility of the vessels so that if relief is brought to the over-distended vessels they do not return to their normal calibre.

This is a point not to be lost sight of in considering the causation or treatment of piles.

The pain and bleeding which constitute the most troublesome symptoms in hemorrhoids are caused by the hardened fecal masses passing over the tensely stretched mucous membrane gradually destroying the epithelial layer and giving rise to the distress that accompanies piles.

The operation selected was the clamp and cautery.

The sphincter ani was first paralyed by the stretching to admit of perfect circulation from below the sphincter. The sphincter being a partially involuntary muscle it is liable to contract under the stimulus of such an irritant and thus interfere to some extent with the circulation. The piles were next caught longitudinally between the blades of the clamp and the enclosed mass carbonized. The term carbonized he used in contradistinction to cauterize as the clamped tissue was destroyed not rapidly by the use of white heat but gradually burnt off by dark heat. He warned the class against clasping the piles transversely as the contracting cicatrix from such a scar is very liable to produce a stricture of the rectum. He did not think it necessary to remove all the hemorrhoidal tissue as the subsequent cicatrix would flatten out all that remains of an aneurismal nature.

The advantages of this operation are its aseptic nature, its production against immediate and secondary hemorrhage and the fact that it causes greater reactive inflammation that any of the others. The great danger from the use of the ligature is hemorrhage.

While the method of injecting some substance, as carbolic acid, into the hemorrhoid has a tendency to reduce it, it has the disadvantage of not being a sure cure. Whitehead's operation he thought did not produce sufficient reactive inflammation.

Dr. Pepper presented to the class at the University Hospital, a case of epilepsy which had been before them on a previous date. His remarks were confined almost entirely to the treatment. He said that on the whole no drugs were of as much service in this condition as the bromides. It is always advisable to pay especial attention to the diet and hygiene of these patients to prevent disorders of digestion and regulate the bowels.

Iron, arsenic and strychnia combined with the bromides are very useful in warding off bromism. When it does occur what is to be done? Its development indicates that the bromides has ceased to do good. It is best therefore to stop the bromides and after regulating the diet and improving the general nervous tone to attempt to control the attacks by the use of the various antispasmodics. In the epileptic seizure there occurs a spasmodic closure of the vessels conveying the blood to the brain, the brain becomes blanched and the various phenomena of the attack follow. The nitrites relax the peripheral circulation, theoretically therefore nitrite of amyl and antipyrine, antifebrin and phenacetin (which are practically nitrites) ought to be of service in these attacks. On the whole, the experience with these drugs has been unsatisfactory. However, in those cases in which the bromides disagree or fail to control the attacks, it is advisable to substitute these drugs. At times the results are very gratifying. In the present case the bromides were not effectual. The patient was placed upon a nightly dose of antipyrin. Under the bromides she had on an average one fit per week. The

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antipyrin controlled the attack absolutely. Having had no attacks for one year she abandoned the treatment. For a year subsequent to this she had no seizures. Recently she had a slight attack. The former treatment was renewed.

How do We Detect the Direction from Which Sound Comes.

Editor MEDICAL REVIEW.—I will give one case to illustrate what I mean. Mr. T., editor of one of the papers of this town, gives a history thus: While on picket duty in the late rebellion he was exposed to the changes of the weather for three days and nights. Up on his return to camp he was sent to the hospital for treatment, the condition being complete paralysis of the left side of his head and face. After a short treat ment he made a fair recovery. After a number of years, just the number he does not remember now, he noticed he had lost entirely the hearing from his left ear. When examined by the Pension Examining Board they stated that the tympanum of that ear was gone. If, on going to bed he should happen to lay on the right side with the right ear buried in the pillow it is almost impossible for him to hear any sounds, even when his wife speaks to him he can not tell what she says to him, merely hearing enough so that he can notice he is spoken to. So he has to turn so his good ear is fully free. He can not hear the tick of a watch no matter how closely it is held, only when the watch comes in contact with the fleshy part of the ear. Ordinarily, in conversation, he can hear so well from the sound ear that no one can notice his being unable to hear from one ear. If he does not see the person speak- to him he has to turn round so as to see where the sound comes from. This peculiarity he has noticed for some time. He is unable to tell from what direction sound comes to him and also can not judge the distance it comes unless it comes directly toward the well ear.

Some time ago I reported in the Cincinnati *Lancet-Clinic* six cases where the hearing was absent from one ear with this general result with them all, that of not being able to judge from what direction sound comes to them. I will here give the summary of these cases as given.

The cases given show that this function of directing sounds depend upon having (1) perfect hearing in both ears, and (2) that it is a function we get from our training in childhood. Therefore, when the hearing in one ear is lost from any cause this special function is entirely lost. In cases IV and V it was seen that this function was regained when the hearing in the ear had returned. Case I had lasted over twenty years without being able to regain this power to direct sounds at all.

It would seem that after a time, by training and observing sound, the person could partially regain the power of directing them. When the loss of hearing was temporary and upon a return to perfect hearing in both ears, the function was regained at the same time, otherwise the ability to direct sound was entire lost. No matter in what part of the ear this function may be located, it is essential that the hearing should be perfect in both ears. GOULD SMITH, M.D.

Taylorville, Ill.

What was the Cause of Death?

Editor MEDICAL REVIEW.—I was called recently to a footling case. On my arrival I found child delivered except the head. Completed delivery without using much force. The baby was well developed, it being her second pregnancy. But our best efforts failed to resuscitate. About one hour before delivery the mother took warm Sitz baths, this being a daily practice. Six hours before she was confined she thought child was alive, and eighteen hours prior was sure of its life. The laidy waiter said there was no sign of life at the time she first saw the child. I am inclined to believe the child expired before its lower limbs and trunk were expelled, and not during the short time the head remained undelivered. I would not advise Sitz baths during first stage of labor. C. S. G.

The Surgeon-General's Office Appropriation.

Editor MEDICAL REVIEW.—Some time since there was something said about the appropriation for the "Surgeon General's Office" being cut to five thousand dollars, instead of remaining at ten thousand dollars. I wrote Senator J. K. Jones, of our State, in regard to the matter. He sent me a copy of the Army Bill. There must have been a mistake somewhere, as the Bill provided for seven thousand instead of five thousand dollars, which was amended and put at ten thousand dollars. The following is the section that we are interested about:

"Medical Museum and Library."—For Army Medical Museum, preservation of specimens, and the preparation of specimens, five thousand dollars; for the library of the Surgeon-General's office, ten thousand dollars, in all, fifteen thousand dollars.

Senator Jones wrote me "that the bill had already passed the Senate as amended from the House, which he hoped would be satisfactory to all."

I write this, as I have seen nothing in any journal in regard to this matter since it passed Congress.

Winfield, Ark. CHEVES BEVILL.

Diphtheria at a High Altitude.—In a paper on this subject Dr. Walter A. Tayne concludes (*Sanitarian*) that until strong evidence to the contrary is presented we have good grounds for the belief that, given equally unsanitary surroundings, diphtheria would more quickly develop, and assume greater virulence, in the more humid atmosphere common at low elevations than in the dryer air characteristic of most high altitudes, and that the degree of elevation *per se* is not a determining factor.

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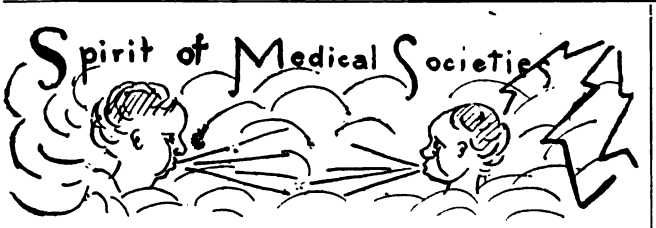


St. Louis Medical Society.

A stated meeting of the St. Louis Medical Society was held Saturday night, June 4, 1892, President Coles in the chair.

The list of members intending to attend the meeting of the American Medical Association, at Detroit, was read, and certificates issued by the Secretary to same.

Dr. Lutz presented the name of Dr. G. A. Herman for associate membership.

The Committee on Elections reported favorably on the names of Drs. Ella Marks, Herman H. Borr, H. L. Niebert, and Sebastian Joseph. Ballots were taken and all save Ella Marks, were elected, she not receiving a majority vote. By an oversight some names proposed at the last meeting were not presented.

Dr. Barclay moved that under the circumstances the by-laws be suspended and the committee hold a special meeting next week and report on the applicants at the next meeting. Carried.

Dr. Alvord asked the President where he could receive the papers read before the Society. If they were to be published they must certainly he attainable.

Dr. Bremer asked if there was any guarantee that the papers, when given up, would be printed complete. An author did not like to have his paper mutilated by publishers or printers as had formerly been the case. He thought the author had a right to correct the proof sheet.

Dr. Hurt remarked that papers, when read, belonged to the Society and had to be given to the Secretary, who had the privilege to report or not.

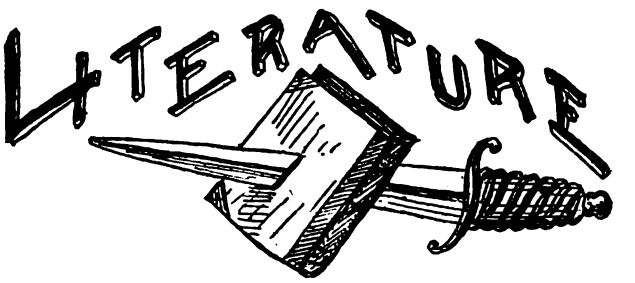
Dr. Johnston made some able remarks on this subject.

Dr. Meisenbach read an exceptionally interesting paper on "Suturing of Divided Tendons (Tenorrhaphy)." He presented a case showing results.

Dr. Lutz reported several cases, and agreed with Dr. Meisenbach as to the treatment, objecting only as to the method.

Dr. Hugo Summa made a few remarks as to the pathological and histological aspects of the subject.

State Meetings.—The *Texas Sanitarian* says very wisely: The annual meetings, at which there are usually three to four hundred delegates, should not be held in any small place, with insufficient accommodations. The knowledge of the fact that they will be quartered upon the inhabitants,—however welcome they may be—will deter many from attendance; and moreover, it is not wise to hold the meetings at any place remote from the center, and comparatively inaccessible.



Microscopical Diagnosis of Tuberculosis.

By PAUL PAQUIN, M.D. 12mo., pp. 48. [Battle Creek, Mich.: Little Blue Book Co. Price, 50 cents.

This is No. 2 of the series of Little Blue Books for Doctors and Students and one which we can heartily commend. It is a condensation of matter which in this advanced day will prove of the greatest use and value to the practicing physician. No physician can any longer afford to be ignorant of the methods whereby the bacteriological diagnosis of tuberculosis can be established. The doctor who cannot prove the existence of tuberculosis by microscopical examination is a "back number," when the means of doing so are so easily acquired and the apparatus necessary comparatively cheap. We do not wish to disparage the diagnostic ability of the experienced physician, neither can we admit that the most precise methods are not superior to less exact means.

But to speak more directly to the little work before us. It begins with some introductory remarks followed by a description of the microscope followed by a consideration of the principles of staining and the objects to be attained by this as well as the effects obtained. A general idea of mounting is given in which simple and rapid methods are demonstrated such as any practitioner of average intelligence can perform.

A most valuable chapter is that on methods of collecting sputum and similar technical details which while not particularly difficult in themselves, are a *terra incognita* to a vast number of practitioners who by the very force of circumstances were unable to acquire even the rudiments of bacteriology, for the simple reason that such did not exist at the time they were pursuing their medical studies. The workers in this field have not endeavored to shroud the subject in mystery; but, on the contrary, have endeavored to simplify it to the greatest extent of their power.

The author of the present opuscule has done a good work in this respect. He has not only given simplified methods accompanied by lucid explanations but he has, as well, added many hints of practical use and has pointed out many errors and pitfalls in which the beginner might fall unless previously forewarned. As a further aid a number of illustrations are given not the least important of which are the plates giving the appearances of bacilli of tuberculosis properly stained. The methods of preparing stains are given thus placing all the requirements for examinations within the reach

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of the beginner is such a manner that he may be enabled to acquire the method without the necessity of a teacher.

The extremely moderate price at which the book is offered should certainly ensure a large sale for it; and its thoroughness in such that, once bought, it will become an indispensable companion of the practitioner be he in city or country.

The Moon and Madness.—The relation of the moon to insanity is thus referred to by Griesinger, in his well-known work upon Mental Pathology and Therapeutics:

With regard to the influence of the moon, if not on the origin, at least in aggravating and modifying insanity in its course. This influence is denied by the great majority of medical psychologists, and that pathology is derided which, for example, would ascribe the periodical attacks of mania to the influence of the stars, because they coincide with certain regular changes in the heavens. Because of this the influence of the moon's light upon the insane should not be denied, for even in healthy persons, the light of the moon can peculiarly affect the course of the thoughts, give rise, for example, to ardent elegiac ideas, readily disposing to sentimental poetry. In the insane, who are more powerfully and differently affected than the healthy by various sensible impressions, this may, with the absence of sleep, the view of the full and brilliant moon, the uncertain light, the fleeting shadows of the clouds, combined with the stillness of the night, or the confused murmurs which then float through the asylum, indeed create still greater impressions, more violent emotions, various hallucinations, etc. Esquirol prevented the agitation which was regularly remarked in several patients at the time of full moon by hanging curtains at the windows.

Acne.—In the clinic, for a case of acne vulgaris in a young woman aged nineteen years, Dr. Henry W. Stelwagon gave the following treatment: At night wash the face with soap and water, and then steam the face or wash with as hot water as can be borne. After doing this, make a thorough application of the following lotion so that the sediment will be well spread over the face:

℞ Zinci sulphat., - - - - - ʒj.
Potassii sulphurat., - - - - ʒj.
Aquæ, - - - - - - - - ʒij.
Alcoholis, q. s., - - - - - ʒiv.
M.

Dissolve the salts separately, each in ʒj of the water and then mix with the alcohol. The bottle should be well shaken before the lotion is applied, as the sediment is the part that does the most good.

The patient's bowels should be kept freely open and all secretions active. Also give internally sulphide of calcium in doses of $^1/_{10}$ of a grain in gelatine-coated pills three times a day.

It is Proposed to establish a new Protestant university at Debreezin, in Hungary.

Small-Pox still continues to spread in England. In the metropolis the number of new cases per diem exceeds any statistics recorded for some years.

The London School of Medicine for Women and theNew York Hospital for Women will each benefit to the extent of £3,000 from the bequest of Mrs. Pfeiffer.

Dr. Jean Hess, a retired medical officer of the French navy, has been commissioned by the French Government to make a scientific exploration of equatorial Africa and the region of the great lakes.

Dr. J. B. Andrews, Superintendent of the Buffalo State Hospital, was elected president of the Association of Medical Superintendents of American Institutions for the Insane at its recent meeting in Washington.

Her Royal Highness Princess Christian will write a paper on the work and organization of the Royal British Nurses' Association, which is to be read in the Women's Section of the Exhibition at Chicago in 1893.

Dr. John Bennett, a Cleveland physician, died at Youngstown, Ohio, of overwork on Saturday night, May 21, 1892. He was sixty-two years old, and was a member of the Faculty of the Cleveland Medical College.

The Italian Minister of the Interior has addressed a circular letter to local authorities throughout the kingdom containing detailed instructions as to the measures to be adopted for checking the spread of infectious diseases in schools.

The Will of Sir W. Bowman.—The gross value of the personal estate of Sir William Bowman, F.R.S., late of Goldwynds, Dorking, Bart., has been sworn at £103,948, and the net value at £76,411. Subject to the use and enjoyment thereof by Lady Bowman for her life, the testator devised the Goldwynds estate to his eldest son, Sir William Paget Bowman. The portrait of Mr. G. F. Watts, R. A., painted by the artist for Sir William Bowman, is bequeathed to such public gallery as shall receive the pictures, or the majority of them, given by Mr. Watts to the nation.

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A Liberal Offer.—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

Dr. W. E. Bennett was recently presented with the bronze medal and certificate of the Royal Humane Society for saving the life of a man named Samuel Loton from drowning in February last. Dr. Bennett at the time was just recoveriug from an attack of pleuisy.

Intercolonial Medical Congress.—It has beed fully decided that the forthcoming Intercolonial Medical Congress of Australasia is to be held in the grounds and buildings of the University of Sydney during the week commencing September 26, 1892. A statement will shortly be issued giving full particulars and a list of office bearers.

Malpractice Insurance.—The directors of an accident insurance company of London advertise that they have made arrangements to insure druggists against claims arising out of errors in preparing medicines, or by or through any act or omission on the part of either assistants or principals, including legal charges for defending any actions that might have to be contested.

A New Biological Society came into existence at Leipzig in the middle of April. The President is the well known physiologist, Professor Max von Frey. The objects of the new society are the futherance of medical science and all branches of knowledge related thereto by means of papers and discussions. The membership at present largely consists of the younger teachers in the University and the assistants in the Medical Institute.

Ethics occupied the attention of the Chicago Practitioners' Club at a recent meeting (*Med. Standard*). The club contains many estimable gentlemen, but also no small number of cheap snobs. Ethics means one thing in the club and another in practice. The Rogers Park paper contains the following "adlet": "Call on Dr.—— if in need of medical services." The physician in question is a bright and shining light of the "ethical" Practitioners' Club.

An Old Story.—We find this ancient friend in an exchange: Speaking of tobacco—the latest on a Hot Springs Esculapian enthusiast on its evils is, that examining his patient he wound his prescription up by saying, "Now, sah, smoke only one cigar after each meal, sah—after each meal." The following day the patient returned saying: "Doctor, your medicine seems to act all right, and I can take it easily, but durned if I can smoke those cigars, I never used tobacco in all my life and I'm too old to learn."

Dr. John Messenger, seventy-three years old, a retired physician, died suddenly from apoplexy at his home, New York, last month. Dr. Messenger was born in that city and was graduated from the College of Physicians and Surgeons in 1852. He retired from active practice about ten years ago.

Good Advice.—A writer in the *Bulletin of Pharmacy* in giving advice to druggists mentions the following which we can heartily endorse: Do not stoop to give any physician a percentage on the prescaiptions he may send you, No honest man will ask it, knowing as he should, that his share must be deducted from your legitimate profits or be unjustly extorted from patients who, as a rule, cannot afford it, and who have already paid him fully for his professional services.

The Fate of a Small Boy with a Cigarette.—In a pamphet entitled "Tobacco, Insanity and Nervousness," recently published by Dr. Bremer, of St. Louis, it is boldly stated in large type that "the boy who smokes at seven will drink whisky at fourteen, take morphine at twenty or twenty-five, and wind up with cocaine and the rest of the narcotics at thirty and later on." We fail to find facts to back up this gratuitous assertion. We know of a few examples of individuals who smoked cigarettes at seven, who never drank whisky, who did not take to morphine, and who, do not use cocaine, and they are over thirty years old.

Prize of $100 for Popular Essay on the Pretensions of Homeopathy, etc.—Dr. George M. Gould, of Philadelphia, Pa., in an Address before the Graduating Class of Buffalo University, May, 1892, offers a Prize of One Hundred Dollars for the best Essay that, historically and actually, "will show up the Ridiculous Pretensions of Modern Homeopathic Practice." The offer is open to any one of the regular profession of the United States. It is believed that such a monograph, supplied as a missionary tract for gratuitous distribution by physicians, "would set thousands of people straight, and would soon stop the legislative and financial governmental support of this trumpery." The Competing Essays for this Prize of One Hundred Dollars "should not contain over 15,000 words; and, in simplicity and directness, should be adapted to the commonest lay understanding." These Essays should be sent to Dr. George M. Gould, of Philadelphia, Pa., on or before January 1, 1893, typewritten, without the name of the author attached, but with a motto signature, accompanied by a sealed letter, giving the name of the author, corresponding with motto or *nom de plume*. The several essays will be given to a Competent Committee, and, when their decision is reached, the sealed letters of the authors will be opened, and the Prize sent the Winner. The Essay will then be cheaply but well printed in large quantities, and supplied physicians anywhere, at the cost of printing, for distribution to the laity of their respective communities.

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Dr. R. W. Amidon has announced his retirement as editor of the *Epitome of Medicine*; he is succeeded by Dr. J. E. Newcomb.

The New York Dermatological Society.—At the annual meeting, on Tuesday evening of last week, officers for the ensuing year were elected as follows: President, Dr. George T. Elliot; Secretary and Treasurer, Dr. Hermann G. Klotz; members of the executive committee, Dr. George H. Fox, Dr. Robert W. Taylor, and Dr. Daniel Lewis.

Resignation of Professor Tyson.—On April 26, 1892, Prof. James Tyson, of the University of Pennsylvania, presented his resignation as Dean of the Medical Faculty, to take place with the termination of the business incident to the session of 1891–2. Dr. Tyson, of course, retains the professorship of Clinical Medicine, and hopes through the time gained by retiring from the deanship, to give additional efficiency to this department, as well as to have more time for other work. The Trustees accepted with reluctance the resignation, expressing their appreciation of his valuable services in the past, and elected Dr. John Marshall, Assistant Professor of Chemistry, to the post.

The Sometimes of Medicine.—The following is from a paper by Dr. T. Donaldson (*Cin. Med. Jour.*):

We take the privilege of copying the following fron the proof sheet of the *Journal of Perfected Sciences* to be published 1,000 years hence. Though the characters used in printing are those of an abbreviated short-hand, we are enabled to give the article in characters now in vogue. The paragraph reads as follows:

"We are pleased to note an invention of the famous physician, A., Chief Director of Sanitary Affairs, and whose line of ancestors runs back as physicians more than 1,000 years. This invention consists in the application of the principles of vaccination and asepticism in such manner as to render the unborn babe forever proof against the agents of disease. The doctor's invention is, without doubt, a success and is so accepted by all physicians. Years ago, prior to the prophylactic period, it would have been a great deal more beneficial than now, as the disease producing germs are almost extinct. The chief of the Department of Bacteriatics states in his last report that for many years the experts in his department have not been able to find the germ of any serious disease throughout the world. Since the introduction of Quinn's Atmospheric Germicidal System there has not been a single death from disease, and although the govern ment still offers $5.00 reward for the scalp of a gonococcus there has been but few dollars paid for that purpose. This is largely due to the improved condition of the morals of the country which has been markedly noticeable since the Scott Institute for the training of character and the correcting of idiosyncracies was established fifty years ago."

Dr. S. E. Clayton, of Sacramento Cal., died recently.

Tetramethyltriamidodiphenylmethoxytolylmethane is the latest aspirant for fame in the exclusive domain of *fin de siecle* coloring matter.

The Medical Examiners Bill.—Resolutions have been passed, by the New York County Medical Society, opposing legislation to exempt graduates of 1893 from the necessity for appearing before the State Board of Medical Examiners.

Doctors of Pharmacy.—We are informed that the University of Munich has recently created a new degree that of Doctor of Pharmacy. It will be granted after a course of seven semesters and an examination in chemistry and botany, and mineralogy, physics and zoology. In addition an inaugural disertation must be written.

A Colored Medical Student.—Dr. William T. Merchant, a colored physician from West Virginia, came on to New York early in April to enter the Post-Graduate Medical School, but, on account of his color, it is said, he was not admitted; and after waiting for a number of weeks he sought the advice of Col. Robert Ingersoll, who was authorized to take the case into the courts, if necessary. Col. Ingersol wrote a letter to Dr. Roosa, the President of the college, and the Faculty have now decided to admit Dr. Merchant.

The Association of American Physicians at its recent meeting elected the following officers for the ensuing year:

President.—Alfred L. Loomis.
Vice-President.—Reginald H. Fitz.
Treasurer.—William W. Johnston.
Secretary.—Henry Hun.
Recorder.—I. Minis Hays.
New Member of Council.—A. Brayton Ball.
Representative in Council of Congress of American Physicians and Surgeons.—William Pepper.

A Medical Directory Humbug.—The following letter has been addressed to the Boston *Med. and Surg. Jour.*:

BOLTON, May 23, 1892.

MR. EDITOR.—A man is now going about this city ostensibly delivering some sort of a medical "Directory," and presenting an order blank for the same, bearing the ostensible signature of the physician. Attached to the same blank is the professional or visiting card of the physician called upon.

Careful examination of the slip shows that the price to be paid was two dollars, while this sum has been obliterated and in one corner of the slip the cost is $2.50 or $3.00. The sum to be collected has therefore been "raised" to this degree. Yours truly, B.

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Hygiene with a Vengeance.—Not long ago Mr. Lewington of London prosecuted some burglars, but refused to "Kiss the Book" on account of hygienic scruples. The robbers were found guilty, but the plaintiff did not recover the stolen goods, "all on account of —— hygiene."

An Error.—We note in a number of our exchanges the statement that the law governing the Virginia Examining Board has been declared unconstitutional by the Supreme Court of Virginia, says an exchange. This is altogether an error as the question has never been considered by the Supreme Court. It is simply an adverse ruling on one point only by the Judge of the Hustings Court of Richmond City.

A Difference.—In some of the bathing resorts of Europe, each patient, at his specified hour, steps down into the pool of water as it bubbles up from the spring through the sand. After he bathes this water is let out and the next man steps into the same "sand bottom;" and yet some visitor to Hot Springs (Hot Springs *Med. Jour.*) complain of the difference in baths in this country and the old, and say that it is dangerous to bath in the immaculate porcelain tubs each bather has in the bath houses here. They like the earth.

Cleaning the Corpse.—At an inquest held recently at Battersea Square, London, Dr. Wilson, who made the post-mortem examination said: "I wish respectfully to draw attention to the disgraceful state of the body. It was filthy, and I had to wash it before I could proceed with my work. Altogether I was subjected to the greatest inconvenience for the first time since I have had to do post-mortem work in the Battersea mortuary." The coroner read a letter from the chief officer of the London County Council, stating that "in future the Council will not be prepared to make any payments for the cleansing of the body, either in those cases where it has already been cleansed by the friends of the deceased, or after a post-mortem examination. It is the practice for medical men to leave the body in a clean and proper condition after making a post mortem examination, and the Committee are of opinion that this should be done in all cases." The coroner said that up to a short time ago the bodies had been cleansed by his officer, and he had paid him on behalf of the County Council for doing so. Now this disbursement was no longer allowed. A juryman: "Then we are to understand that the doctor is to clean the body himself, both before and after his examination." The coroner: "Yes; in the present instance that was the case." The jury said in their opinion the body should be cleansed and properly prepared for the doctor to make his post mortem examination, and that they thought the County Council should pay the cleansing fee; but as they understand other parishes provided a mortuary keeper, they instructed the coroner to write to the Battersea Vestry, asking them to do the same.

The Chairmen of Sections are rather roughly dealt with by one of our contemporaries, which goes on to say that it is quite notorious that very few chairmen of sections do their duty. It is considered a compliment to be elected chairman of a section, but not one in ten scarcely, takes any interest in the matter or makes a report, or collects any papers—or—we were about to say even attends the meeting. Can not something be done to insure service, and build up and make the sections more interesting?

Worshipping Medicine Bottles.—A good story is told by the *Modern Church.* An eminent lady missionary in Burmah recently gave Dr. A. J. Gordon an instructive but somewhat startling chapter from her experience. In one of her tours, she said, she came upon a village where cholera was raging. Having with her a quantity of a famous pain killer, she went from house to house administering the remedy to the invalids, and left a number of bottles to be used after she had gone. Returning to the village some months after, the missionary was met by the head man of the community, who cheered and delighted her by this intelligence: "Teacher, we have come over to your side; the medicine did us so much good that we have accepted your God." Overjoyed at this news, she was conducted to the house of her informant, who, opening a room, showed her the pain-killer bottles solemnly arranged in a row upon the shelf, and before them the whole company immediately prostrated themselves in worship.

Bequests and Donations to English Hospitals.—The Court of Common Council of London has granted 200 guineas to the Metropolitan Convalescent Institution, and 50 guineas to the "Morley House" Seaside Convalescent Home for Working Men, St. Margaret's Bay, near Dover.

The Clothworkers' Livery Company has voted £100 to the University College Hospital, London.

The Duke of Westminister has forwarded £400 to the treasurer of the London Temperance Hospital, for the benefit of the recently opened "Grosvenor Children's Ward."

The late Mrs. Oliver Haywood of Claremont, Pendleton, Manchester, bequeathed £1000 each to the Ardwick and Ancoats Hospital and St. Mary's Hospital, and £500 to the Northern Counties Hospital for Incurables.

The following legacies to the Infirmary, Worcester, were announced at the last meeting of the committee: the late Mr. Allies bequeathed £450, the late Rev. T. L. Wheeler £300, and the late Mrs. M. Wood £50.

In remembrance of the kind treatment and benefit the late Mr. Charles H. Welling received while a patient in the Bootle Hospital, and to carry out an intention which he did not live to gratify, his widow, Mrs. Welling, has announced to the secretary of the hospital that she desires to contribute £200 to the funds of the institution as a token of gratitude.

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Substitute for Tea and Coffee.—Many physicians are recommending the use of Horlick's Malted Milk as a table drink in place of tea, coffee, cocoa, etc. The evil effects of the long continued use of tea or coffee are well known but the difficulty has been to provide a pleasant and satisfactory substitute. Malted Milk served either hot or iced makes one of the most pleasant, refreshing, and nutritious drinks imaginable, little if any more expensive than the ordinary drinks, and of course far more healthy and nutritious. It does not stimulate but aids digestion. It is prepared by simply adding water. Address the Malted Milk Co, Racine, Wis, for samples.

Disinfecting Food.—The Governor General, of Kiev, appointed committees last fall to gather the morsels that are left on the table after meals in large cities, and to send them to the famishing peasants. A large portion of this food comes from communal institutions, such as casernes, hospitals, and from social repasts. The question arose whether it would be possible to disinfect these fragments so that the contagious diseases of the eaters who left them on the table might not be conveyed to the beneficiaries without at the same time destroying the food. The question was referred to the Bacteriological Institute of Odessa, and the following instructions were received in reply: "Morsels of bread left over by persons infected with diphtheria, typhoid, or other contagious diseases, become perfectly disinfected if dried at a temperature of 250° F. But if such a degree of heat cannot be obtained in the drying process, the morsels, before drying, must be submitted to a current of steam of that degree for at least one hour."

Death of Professor Hofmann.—The *Hospital Gazette* says that by the death of Professor von Hofmann, the scientific world loses a venerable laborer to whom, even from a medical point of view, a debt of gratitude is owing. It was Professor von Hofmann who discovered the famous aniline dyes, the use of which in the arts revolutionized whole categories of manufactures, and rendered it possible to create bacteriology a science. Until these coloring agents became available the study of disease-germs was impossible, because of their invisibility. It is difficult, properly, to appreciate, in the present day, the far-reaching importance of the powerful stimulus to original and fruitful observotion thus unwittingly given to bacteriological research. If it be still impossible to demonstrate the microbial origin of certain diseases supposed, on ground, to belong to this category, it is simply because the means of bringing them within reach of practical observation have not as yet been discovered; in other words, because no means of staining the microbes are as yet available. Had the deceased chemist no other title to our grateful rememberance than this, his reputation would be unassailable, but his researches bearing on the coal tar derivatives were but one of many fruitful investigations.

The Bodies of the Drowned are said not to rise to the surface of Lake Superior. They are refrigerated, and the decomposition which causes the ascent of human bodies in other waters does not take place. If one interesting contribution to my notes is true, and there be depths to which fishes do not descend, it is possible that many a hapless sailor-man and voyager lies as he died, a century back perhaps, and will ever thus remain, lifelike and natural, under the darkening veil of those emerald depths.

Unique Operation.—Prof. William H. Keen recently performed an amputation at the hip-joint upon a lady who was suffering with a rapidly-growing sarcoma of the thigh (*Ex.*), and who had been sent from Brazil to see what could be done for her relief. What makes the case probably unique in surgical annals, is the fact that she was in the fifth month of pregnancy at the time of operation. The arteries were controlled by Wyeth's method, and scarcely any loss of blood occurred. Last accounts showed entire absence of fever, and patient doing well. A detailed report of this case will be published soon.

Dr. Leo Harrison is another victim to add to the long list of Keeley "cures." For the past four years he lived at Sioux Falls, S. D. He was addicted to morphine and alcohol. About six months ago he went to the College Hill Hospital in Cleveland, Ohio, and was there treated for the morphine habit. Three months ago he returned to Sioux Falls and took up his practice which it is said was rapidly growing and becoming very large and remunerative Soon after his return he took the Keeley treatment for the liquor habit. His nervous and mental condition were such that there was probably no foundation for a cure from either treatment. The fact is that he was never cured from either habit and probably could not have been. He recently got intoxicated and was found dead in his room probably from the effects of chloroform which he was in the habit of using to sober up on. The *Argus Leader* states on the authority of J. H. Onstad that Dr. Harrison has not used morphine since he took the cure six months ago. He has, however, *never been able to stop the liquor habit.*

We Desire to call the attention of our readers to the new advertisement of Reed & Carnrick. This firm have spared neither labor nor expense to perfect their Infant Foods in keeping qualities by sterilization and by placing them in hermetically sealed containers. They claim that Lacto-Preparata, an all Milk Food, for young infants, and Carnrick's Food, composed of half Lacto-Preparata and half dextrinized wheat, for use after six months of age, have now practically reached perfection in keeping qualities, and that they are the only Infant Foods in the market that will alone thoroughly nourish a child during the nursing period. Their Lacto-Preparata almost perfectly resembles human milk in character, composition and taste.

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Infantile Diarrhea.—According to the *Medical and Surgical Reporter*, for thin, greenish, slimy stools, Dr. Meigs orders:

℞ Acidi sulphurici dil., - - gtt.xij.
Morphinæ sulph., - - - - gr.¼.
Spir. vini gallici,
Syr. zingib., - - - - - aa ℥ss.
Aquæ, - - - - q. s. ad ℥iij.
M.
Sig. One drachm every three hours.

Tan and Freckles.—Dr. Chevasses' preparation for tan, freckles, pimples, etc. (Columbus *Medical Journal*):

℞ Rose water, - - - - - ℥vj.
Glycerine, - - - - - - ℥ss.
Bitter almond water,
Tinct. benzoin, - - - aa ℥ijss.
Borax, - - - - - - ℥jss.
M.
Rub the borax with the glycerine, gradually adding the rose and almond water; lastly add the tincture benzoin, agitating constantly. Apply night and morning.

Antiseptic Injection Post-Partum.—Tarnier recommends the following as a vaginal injection after labor, stating that it is sufficiently antiseptic:

℞ Cupri sulphat., - - - - - ℈ij.
Aquæ destillat., - - - - - Oj.
M.
This solution is not painful to the patient nor does it irritate the hands of nurses.

Endometritis.—The following is employed by Terrier (*Jour. de Med.*):

℞ Iodoformi, - - - - - ℥ijss.
Gum. tragacanth., - - gr.viij.
Glycerini,
Aquæ destillat., - - - aa q. s.
Ft. Supposit. No. 10.
Sig. Insert a suppository in the uterus and retain by means of a tampon.

Tapeworm.—Mr. Laborde recommends the following:

℞ Strontii lactat., - - - - - ℥v.
Aquæ destillat., - - - - ℥xxx.
Glycerini, - - - - - - q. s.
M.
Sig. Two tablespoonfuls every morning for five days.

Keeley says drunkenness is a disease—and the symptoms are said to be quite joyful.

Absent Minded.—Patient.—Doctor, there seems to be something wrong with this prescription.

Physician.—Ah, yes, I see. I have made a slight mistake. I've made out the bill instead of the order for the medicine.

The Latest.—St. Peter (suddenly jumping up and shutting the door and speaking through the slight remaining aperture)—"Who comes?"

Reply from without.—"LaGrippe."

St. Peter.—"Whew! I thought I smelt asafetida."

It Comes High.—Mrs. Bawnso.—I regret to learn that your daughter's cough is no better. Of course, you have employed the best medical talent?

Mrs. Grubstakes.—Oh, yes; no expense has been spared. We think now of trying this new gold cure everybody is talking about,

Mrs. Jones.—"The newspaper tells of a man who lost his wife, and in less than two months his hair was as white as snow."

Mr. Jones.—"That's nothing so very wonderful. Why I knew of a grey-headed man who lost his wife, and in less time than that, his hair was black as jet."

Popular Science.—Susie—Oh, mamma, I'll never disobey you again.

Mamma—Why, Susie, what have you done?

Susie—Well, I drank my milk at lunch, and then I ate—a pickle, and the milk said to the pickle, "Get out," and the pickle said, "I won't," and they are having an awful time!

Snooks.—"What shall I do? My wife expected me home at three and I went to the base ball ground and forgot myself."

Brooks.—"Here, read this patent medicine almanac. It will get up some fine symptoms and a very fair pallor in less than no time, and you can say that you've been dreadfully ill."

A Little Boy was sent to get a rheumatic plaster. At the drug store he asked for a romantic plaster, and the clerk being a slow thinker sent the boy home empty handed He was then told to get a porous plaster and by the time he arrived at the store he had converted it into plaster porous and he brought home plaster of Paris.

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Very Easy.—A story is told in the *Boston Gazette* of a distinguished lawyer. One time a physician came to him in great distress. Two sisters living in the same house had babies of an equal age, who so resembled each other that their own mothers were unable to distinguish them when they were together. Now it happened that by the carelessness of their nurses the children had become mixed; and how were the mothers to make sure that they had received back their own infants? "But perhaps," said the lawyer, "the children weren't changed at all." "Oh, but there's no doubt that they were changed!" said the physician. "Are you sure of it." "Perfectly." "Well, if that's the case, why don't you change them back again? I don't see any difficulty in the affair."

An Opponent to Proprietary Remedies.—

Pie is prohibited as it is looked upon as "heavy."

Love Powders.—A writer in one of our exchanges states that the ignorance and credulity of many darkies is so dense as to be nearly tangible. Lately a colored man came into my office, and I saw at once that he was full of somethiug. I knew it wasn't watermelon, nor "possum," nor fish, for his countenance wasn't saturated with beatitude. On the contrary there was about him a nimbus of occultness and hoodoo mysticism. It was his full intent to startle me out of my boots by showing me that he knew things I would not have suspected from his appearance.

"Scuse me Doctah," he began, "but I got sompin mighty portant to talk about. Fust of all, I's clean on to dem sekert things. I knows dah is a powdah what'll make a woman love a fellah. My ole woman been getten some of dat powdah widout knowin' it at de time, from a niggah 'at lives neah me. She fessed it, an' said she loved him's if heaven an' yearth had come together. He put it in her coffee, she's dead shore. [It was my decided private opinion it was not her coffee he had put anything into.] She doan want fer to love him, case 'taint right. Now won't you, fer de love ob de Lawd, tell me what to gib her so she won't love him no moah?"

Toledo, Columbus & Cincinnati.—Negotiations for the sale of this road to the Cleveland, Cincinnati, Chicago & St. Louis, which have been in progress for some time, have not yet been completed.

A Bill requiring railroads to furnish separate coaches for colored persons has passed both branches of the Kentucky Legislature and awaits the signature of the Governor, who is said to be strongly in favor of the measure. The bill allows the dividing of a single coach into two compartments.

St. Louis, Vandalia & Terre Haute and Terre Haute & Indianapolis.—The United States Supreme Court at Washington, May 16, rendered an opinion affirming the decision of the United States Circuit Court for the district of Illinois in refusing to set aside the lease of the latter road to the former company on the ground that the contract is ultra vires. The suit was brought by the St. L. V. & T. H. The court in its opinion says that, suppose the contract is ultra vires, the lease has gone on for seventeen years and it will not assist one party to the arrangement to get back the property from the other party.

Gov. Flower, of New York, has signed a bill (*Railway Age*), passed by the Legislature, governing the working hours of railway employes. The law provides that no such corporation shall permit or require any engineer, fireman or trainman who has worked twenty-four hours to again go on duty until he has had at least eight hours' rest. The hours' work performed within twelve consecutive hours shall constitute a day's work. For every hour worked over ten the employe shall get extra pay. A violation of the law by the corporation or company is punishable by a fine of $500 for each offense.

Missouri, Arkansas and Kansas Association.—The Missouri, Arkansas and Kansas Association of Railway Surgeons convened at Springfield, Mo., May 10. In the absence of President and Vice President, Dr. E. A. Neely, of Memphis, Tenn., was selected President pro tem.

The following officers were elected:

President—Dr. N. J. Pettijohn, Kansas City, Mo.

First Vice-President—Dr. J. H. Halderman, Paola, Kan.

Second Vice President—Dr. W. N. Yates, Fayetteville, Ark.

Secretary—Dr. C. M. Lutterloh, Jonesboro, Ark.

Fort Smith, Kan., was selected as next place of meeting, and the time of meeting was left to the President and Secretary.

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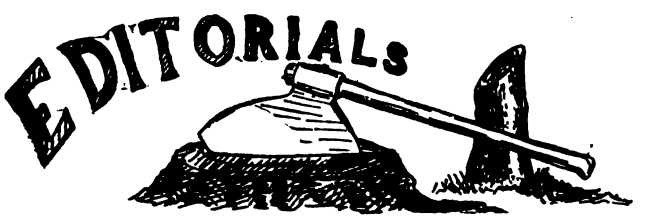

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

Entered at the St. Louis Postoffice as Second-class Matter.

A Retrospect.

The American Medical Association has held its annual meeting and the Forty-Third Session of that body is now a matter of history. The Detroit meeting will go down as one of the most successful in its annals and justly so. The attendance was unprecedented as far as numbers are concerned, and fully representative in so far as individuals are to be considered. All sections of the country seemed to have vied with each other in an effort to send as many of their best men as could be well spared for the occasion. A noticeable feature of the present meeting was the great interest taken in all the affairs pertaining to the Association by those who attended the meeting and several incidents which transpired seem to have brought this out prominently.

The local profession did well in some respects and but poorly in others. So far as entertainments were concerned, they were numerous and well planned. No friction occurred and the delegates and lady guests were taken care of in the best manner possible. Receptions, carriage driving, yacht parties, etc., were abundant and pleasurable. The Detroit citizens as well as doctors did themselves proud and demonstrated very thoroughly that the frosts of the North had not chilled the blood of warm hearts, nor had it diminished the fever of enthusiasm for the doctors of this country.

One fault which we have to find, and one which many others shared with us, was a deficiency not due to the Detroit profession, but rather inherent to the city itself. There was a lamentable lack of hotel accommodations. Detroit is not suited for large conventions. The hotels are inadequate to supply the demand that may be made. Numbers of those who attended the meeting were forced to seek accommodations wherever they could find them and this was anything but pleasant. It was disagreeable in every respect. When one comes fully prepared to pay for the best accommodations and has only the poorest given him he is apt to suppose that he has been badly treated,—and, unfortunately this was the case in but too many instances. The Committee on hotels simply secured all the rooms at the principal hotels and permitted a large number of delegates to "paddle their own canoe" which they did quite successfully.

So far as the real work of the meeting was concerned, it was a most decided success. The sections were all well attended and the work done this year was better and greater in quantity than it has been for quite a long time past. Every section was well attended and the papers which were read were not only thorough, but intelligently discussed. The members all seemed to have come to the conclusion that this was a turning-point in the history of the Association and they buckled down to the work before them with the determination of outdoing anything hitherto accomplished. Sections which, in former years, seemed to be on the eve of dissolution suddenly exhibited a vitality which was unexpected and proved conclusively how a little determination on the part of a few can accomplish great results. In fact, the scientific work was all that could be desired and it augurs well for the future. A new life has been infused into the ancient body and much good will be expected from it in coming years.

So far as the purely legislative portion of the meeting is concerned we have not much space to devote to it. The list of officers, as published elsewhere in this number, will show that the interests of the Association

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prevailed. The better class of men were elected to the offices, and the "highbinders" were practically defeated. The men who are to stand at the helm are known to have the interests of the Association at heart and their election to the responsible offices will no doubt infuse new courage and confidence in the profession; so that, the Milwaukee meeting of 1893 will be one of the most noted in point of attendance as well as distinguished representation.

One feature which was inevitable and which some thought marred the harmony prevailing was the row which occurred over the admission of Dr. Potter, of Buffalo, N. Y. Of course, Dr. Potter was chosen as the "terrible example." There was no personal feeling against him, but the entire affair hinged upon the question as to whether a physician who was a member of a "new-code" society was entitled to admission. So far as we could determine this was not settled. The "new-code" delegation were neither admitted nor refused admission. In fact, they were left in a disagreeable state of *statu quo*. A committee, however, was appointed to revise the code of ethics as it now stands and we may expect something which will be tangible next year. That this revision is imperative, no one will deny; yet, it should not be too radical lest many interests be antagonized which are too valuable to be alienated.

Dr. Reed presented the claims of the Pan American Congress in a very able manner and from the expressions heard on all sides it is almost a certainty that all the members of the American Medical Association will cooperate in the work of making the Congress a success. The members of the Executive Committee are exerting themselves to the utmost with this purpose in mind and all the affiliated countries to the Congress have signified their unqualified support. With such a backing success should be an assured fact.

To sum up, the meeting of the American Medical Association at Detroit has been a marked success. The indications for the next meeting are that it will excel the one just held, and the much-vexed questions connected with the "code" will be partially solved. American Medicine has shown of what it is capable and every one is satisfied that right and justice have been done.

Enterprise is certainly a laudable trait especially when it redounds to the benefit of others as well as to those who indulge in it. We desire to call the attention of our readers to the fact that the MEDICAL REVIEW has never been slow to exhibit this trait whenever it could be made to benefit its readers. The freshness of its news, in all departments, attests forcibly to this. The St. Louis Medical Society, for instance, was never so well served as by this journal. Monthlies and semi-monthlies have made spasmodic efforts to report its proceedings and have succeeded in printing a portion thereof a month or more after their occurrence. The MEDICAL REVIEW presents a fair, and a good report weekly and does so regularly. It does not depend upon the publication committee, and the revision of the individual members, but has its report prepared during the meeting by a competent representative. We desire to furnish the latest and the best to our readers and all the help that they extend to us is freely distributed to thousands.

Prevarication is bad enough in individuals but when it is displayed by a medical journal is is simply disreputable. We are led to this by reading the following in Daniel's *Texas Medical Journal*:

"CROCODILE TEARS."—The St. Louis WEEKLY MEDICAL REVIEW, noticing the *Texas Sanitarian's* accusations of piracy against the *Northwestern Medical Journal*, says *hinc illae lachrymæ*. While we do not see the appropriateness of the quotation, the tears may be there; and if so, are evidently crocodile tears, for in the same issue we find an editorial paragraph stolen from Daniel's *Texas Medical Journal*, appropriated without credit, and passed off as *original*. (See page 377, "Exit Prof. Amick.") In another place we have observed a similar piracy; one for which the WEEKLY REVIEW has received a good deal of notice. "The Ladies' Friend" article first appeared in this journal, and being appropriated by the WEEKLY REVIEW without credit, is being copied all around and credited to *that journal*; the funniest part being, it is credited to "H. M. Lewis, in the WEEKLY RETIEW," whereas "H. M. Lewis" was the she-fiend who sold the so-called "recipe" which we published. Come now, St. Louis WEEKLY REVIEW, if you are too lazy to get up original editorial matter, and find the Red-Back a good labor-saver, give us credit for our squibs, at least, won't you?

The facts in the case are simply this: The MEDICAL REVIEW did not try to palm off as original the "Exit Prof. Amick" item but stated (see page 377, two last lines) "so we are informed by a reliable exchange." In regard to "The Ladies' Friend" article, it was not appropriated without credit for we distinctly state (page 117, second and third lines of item) that it was "according to one of our exchanges." It may be funny that other journals credited it to H. M. Lewis, for as we published it, no one acquainted with the first principles of punctuation would commit such an error. No, that is not the funny part. The real humor of the situation lies in the fact that when an item appears in the REVIEW it is copied; when it appears in the "Red-Back" it remains unknown. We rather think that our lurid cotemporary owes us thanks for disseminating some of its items. A final word. We have no time to devote to those who crib *our* items. They are welcome to them after we have published them and we cannot afford valuable space for unjust accusations such as the above. Besides, when we get up editorial matter we do not care to be so original as to be disreputable.

The Protective Influence of Fads is spoken of by the Maryland *Medical Journal*. It states that there is in every community a certain percentage of cranks. Some of these cranks are lacking in energy

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and unworthy of consideration. Others, however, are full of energy, possessing restless minds which demand occupation; yet they cannot or will not steadily pursue useful callings. These individuals are a power for evil in the world; many of them being highly educated, and a few having even a spark of genius. Their dominant passion is vanity. They must be continually attracting attention to themselves. Some do this by posing as invalids—how successfully, the physician who deals much with the hysterical crank well knows. Others gain their ends by continually engaging in sensational enterprises. They are forever starting or following after some new fad.

In religion it is some "sophy" or "-ism" full of mysticism or emotionality. In politics it is some violent subversion of existing order. In medicine it is a new "pathy" with a theory or agent which is, singly and unaided, to solve without delay or difficulty all the multitudinous problems of therapeutics. In whatever sphere, experience, logic, science, common sense, are treated with lofty scorn, and those who refuse to abandon them for the new fad are held up before the public as prejudiced or old-fashioned.

As the public want sensations to enliven the monotony of daily life, each new fad obtains a following, until its successor appears and quickly eclipses it. Now, what we contend for is, that the mild fads ought not to be dreaded or treated with more attention than they deserve by persons of well-balanced minds. The mild fad occupies the attention of the crank portion of the community, and protects the public from more serious outbreaks of crank energy. The Guiteau who is enjoying the excitements of the Oneida community may shoot a President if he is compelled to seek a new sensation. The woman who parades in bloomers might, if restrained from this innocent amusement, take to throwing bombs. Theosophy is better than Moloch worship. The honest "thirtieth dilution" therapeutist might be dangerous to the community if he handled powerful drugs. The Thompsonian fad, when it took hold of the public mind, was less fatal than the great blood-letting delusion.

Let us view with equanimity the milder delusions of the day. Like epidemics, they must come, because persons of great energy and little mental balance are always to be found, and the public mind seeks ever to be amused. But as influenza is better than "black death," so Christian Science and the like are better than some other medical delusions which have been in the world. The crank must have occupation, therefore deal tenderly with him when he finds it in a comparatively harmless way.

A Professional Grievance is commented upon as follows in an English exchange: A correspondent writing to a provincial contemporary observes that from time immemorial it has been the custom to the philanthropic at the cost of the medical profession; to found hospitals for every possible kind of case, medical and surgical; and to extend out- and in-patient departments of our infirmaries, until one-fifth of our population pay not a farthing for doctoring. But up to the present no one has opened a free legal dispensary, where the poor can have legal advice and the services of a solicitor, and, if need be, of a barrister (corresponding to a consulting physician or surgeon), in necessitous cases. Often the wrongs of the poor have to go unredressed for want of such an institution. Suing *in forma pauperis* is unknown to the poor, and is usually done at a solicitor's suggestion where no money is likely to be forthcoming. Why, he asks, should not leading lawyers attend at an institution, at stated hours and give the poor they must sympathize with a portion of their time, not any more valuable than that of many surgeons and physicians who could be named? If this suggestion is too exacting, let the next person with £5,000 to leave, found a surgical aid institution, to help the poor to get spectacles, trusses, leg-irons, crutches, and the like expensive articles, at the order of duly qualified men, and give the poor, struggling, general practitioners a chance. Since the collection system obtained, most respectable people, well able to pay, consider their contribution entitles them to attention. The correspondent, however, loses sight of the fact that if any budding solicitor were ill advised enough to adopt this suggestion he would be promptly nipped in the legal bud by the Incorporated Law Society. It is because, in our profession, we have no corresponding disciplinary body that we are exposed to war without and foes within.

Abolishing Quacks appears to be effectually done in England if we are to judge from the following epistle from the peripatetic correspondent of the *Hospital Gazette*:

I hear that the Indecent Advertisement Act, which was passed some two years ago, and which was adopted with a view to prevent the distribution of handbills and leaflets of spermatorrhea quacks, has practically ruined the business of these gentry. One of them, who has done a large practice in this line for several years past in London, told a friend of mine a few days ago that he finds the game "all up" now his touts are unable to give away his handbills and pamphlets, and he has made up his mind to go into Devonshire or some favored locality in the West of England to spend the remainder of his days. He says that he has saved over twenty-five thousand pounds from the sale of his elixir, etc., which will enable him to live very comfortably, and no doubt he will interest himself in works of charity. The ways of quacks are not hard if this worthy's career may be taken as a fair sample. For fifteen years or more he has defied Medical Defence Unions, the General Medical Council, the police and magistrates, and now he retires on his laurels with five and twenty thousand pounds in his pockets. How many of our West End physicians, or hard-working, honest East End general practitioners have been able to put by a like sum for a rainy day in the same period? Very

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few, I venture to say, if they have kept within strictly professional lines. Those who have made much money for the most part have resorted to the methods affected by quacks, viz.: bold advertising and systematic deception.

The Ownership of Prescriptions is not solved yet. According to the *National Druggist* the medical practitioner, the dispensing chemist, and the patient, each and all, according to Dr. Rentoul's paper, read before the Liverpool Chemists' Association, lays claim to a property in medical prescriptions. Mr. Rentoul decides the question by declaring that the prescription belongs to the writer. It is pointed out that it is simply a written instruction to the dispensing chemist. The fact that it is written in Latin shows that it is not for the patient, because the average patient can not read Latin—or, at least, can not read what is called doctor's Latin. The point would have been made clearer if Mr. Rentoul could have cited some enactment or decision bearing on the question. That the copyright in an original prescription would vest in the author, and would not be transferred to the patient in return for the fee, is more than probable; but the question, which is exciting a good deal of interest in the medical profession, seems to go beyond this. Mr. Rentoul tells us that in Germany, by a law just passed, a prescription can not even be dispensed on a second occasion without the express consent of the medical man who wrote it. If we understand him, nothing less than this would satisfy Mr. Rentoul's notion of a just settlement of this question.

The Contagiousness of Tuberculosis is discussed by Dr. Paul Paquin (*Bact. World*) who says, among other things, that true tuberculosis is transmissible by inoculation, many investigators have established. It is possible, even, to produce it by inoculating the pure germs directly into the sound animal. On the other hand, false tuberculosis, or so-called pulmonary consumption in which no tuberculous germs are found, may be called infectious, inasmuch as germs are factors in the case, but is not essentially contagious, as the germs which produce the transformations are common germs of pus, etc., which may be inoculated anywhere in the body, producing local lesions which eventually disappear entirely, or cause septic infection of a common character, which may cause death. The first parasite, I repeat, is one which produces a disease which, in its nature, lesions, and termination, is always identical, even when inoculated in a state of purity, while the latter parasites may or may not act independently; they produce various disorders, and act as in a wound, as much or more perhaps by their association than by their isolation. This form is not so fatal.

It is necessary, then, in the practice of medicine, to take these facts into account, and not jump at the conclusion that every case of suspected consumption is truly fatal tuberculosis. Very careful microscopical analysis should be made in each case, and the strictest possible inquiry of the subjects, both from an historical and from a physical point of view should take place.

The Reading Notice is thus commented upon by the *Dietetic and Hygienic Gazette*: If a diligent reader of medical journals, during a period of thirty years, may be entitled to express an opinion upon this subject we would say that there exists no greater error in the mind of advertisers than the idea that a notice of their wares, presented in the reading or editorial columns of a journal, will bring them better returns than an advertisement in the columns devoted to this department. Our own experience, corroborated by conversations with many physicians, warrants us in saying that the latter almost invariably avoid reading such notices, and if they find themselves led into reading them by some seductive introduction, the feeling of disgust usually experienced by a man who discovers himself duped, overcomes any desire he may have of becoming farther acquainted with the author of the deception.

When a busy physician settles himself down to the perusal of his medical journal, his object is defeated if he finds interesting medical matter interspersed with uninteresting commercial matter. On the other hand every physician who has the welfare of his patients and his own financial and professional success at heart, feels interested in the advertising columns of his journal and glances over them at such times when his mind is not bent upon matters scientific before he begins to read his journal. The impression left by such leisurely reading of the announcement of a new infant food or cod liver oil preparation; of a carriage or harness manufacturer; of some new medical book or electric battery, mineral water, medical college or sanitarium, will surely be far more enduring than that produced by a reading notice in the regular columns of the journal, which has been hastily glanced at with the resentful feeling that it has usurped the more legitimate reading matter.

Bad Air in Theaters is spoken of in an engineering journal by Mr. C. S. Montgomery (*Med. Age.*) who says, *inter alia:* It is alleged on scientific authority, and seems quite worthy of belief, that the air of theatres is the worst that is breathed, except in mines, for there are no other buildings into which people are so closely crowded for hours at a time. With the introduction of electricity a new system in ventilation has been made possible, and this has had its initial and successful trial in the New York Music Hall. The Music-Hall system may be set forth briefly, as follows: Air is taken in through a brick shaft seventy feet square and extending to the roof. Where in enters the building it passes over racks that can be filled with ice in summer, then crosses steamcoils, divided into sections, each with its separate system of valves; therefore, in cold weather they can be used singly or together, according as the quantity of heat desired is great or little. The pumping force is supplied by four blowers, two of

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them six feet in diameter, the others of seven feet, each blower being driven by its own engine. There are two main distributing ducts in the basement, each with twenty-four square feet area and made of iron, that carry the air into a system of smaller ducts built into the walls and that have their outlet in a perforated ceiling. This plan secures perfect ventilation, without draught.

The Art of Pharmacy is descanted upon by the *Medical Brief* in the following terms: Looking over a host of medical journals, one is struck by the many protests against the use of proprietary medicines by physicians.

There are two sources from which these protests may emanate. First, the ignorant, and therefore, prejudiced practitioner, who is not aware that the therapeutic effect of the proprietary remedy, to which all the resources of art and science have been contributed, must be far greater than the prescription hastily and crudely compounded at a drug stand; or, second, directly or indirectly, from the druggist in the effort to protect his interests. It is well known that the percentage of profit derived from the sale of drugs exceeds four or five times that obtained by the sale of proprietary medicines, but the profit gained in the first case is at the expense of the patients; in the latter, at the expense of the druggist, and every physician knows which it is his duty to consider.

The art of pharmacy is the handmaid to the science of therapeutics, and there are remedies which, when combined by a partieular process, exert a curative power no imitation can hope to equal. Are we, then, to refuse to use such a remedy because its manufacturers decline to explain every detail in the process of its manufacture? Is the remedy any less valuable because of this refusal, and is not the physician's chief object the cure of disease?

In prescribing a proprietary medicine, we are always sure of getting the purest quality of drugs, compounded with the greatest skill, because it is to the manufacturer's interest to keep his product standard, and this is not equally true of the druggist's prescription.

Let us exercise our sense of justice, and not be afraid to use a proprietary remedy, which our own experience, and that of others, has proved to possess great therapeutic value merely because it is proprietary.

The Range of Medical Investigation says Dr. H. Brown (*Am. Pract. and News*) is so wide, and its practice so laborious and exacting, that the life of the physician is one of almost constant study and drudgery. One who conscientiously devotes himself to duty has little time or opportunity to cultivate even the social and literary pursuits which, by widening his field of culture and practical observation, might increase his professional usefulness. The exercise of our profession imposes constant toil and self-abnegation; but to the true physician there are also the constant excitement, activity, and enthusiasm of acquiring knowledge and of applying it to the relief of human suffering. If performed in the right spirit, there is no nobler offering on any of earth's altars than the unpurchased service of the medical priesthood.

The sick man's faltered blessing reaches Heaven through the battered roof of a poor man's cabin even sooner, it may be, than any *Te Deum* which ever echoed through the arches of vast cathedrals.

It has been said, with exact and literal truth, that the characteristic virtue of the medical profession is charity. Where, in all the circuit of the sun, is the garret or the cellar which its messengers do not penetrate, ready in the cause of humanity to be servants of servants? What district smitten by pestilence was ever known which its heroes have not braved in their missions of mercy?

Our aim, however we may fall short of it, is beneficence, to relieve human sufferiags, to prolong human life. Our study is truth—the glorious truth of nature as revealed in her highest, best, and finished creation.

We do not seek her merely with the devotion of the abstract enthusiast, nor for her own sake alone, nor for our own selfish advancement alone, but for that knowledge which is power, and for that power which works good for our fellow men.

The Abatement of Nuisances seems to be in order says the Buffalo *Medical and Surgical Journal*, and we note that considerable progress is making by the municipal authorities in regard to this subject. We beg, therefore, to suggest that the church bell nuisance be not overlooked. This relic of a past age, when the people worshipped on high hills and in low valleys, ought not to be tolerated in a populous city where health and even life may hang upon a thread in the vicinage of the awful din that the conglomerate sounds of numerous bells create, especially if they are hung in one tower. It is in vain that appeals have been made to certain religious sects on the subject, and in more than one instance, do we know, where one of these sects has refused to stop the ringing of bells even when death was nigh at hand in their immediate vicinity. We hope the high hand of municipal authority will stretch itself out, and lay it down heavily on this nuisance that menaces comfort and sometimes even life.

The Value of Prison Life.—Under the heading "Back from Prison," an advertiser in a German daily paper states (*Ex.*) that she has just been liberated from prison where she had served a term for libel of a certain reputable physician. She further states that while in prison she had an opportunity, which the extent of her practice precluded before, of going over in her mind the histories of her many thousand cures, and from the material thus obtained she was able to formulate a method by which she can positively cure consumption and rickets.

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Hernia, Operable and Inoperable.—Dr. Thos. H. Manley, in a paper on this subject, submitted at the late meeting of the American Medical Association, concluded as follows: Although, during the past fifteen or twenty years, very much has been written on hernial operations; much in America, but more in Europe, so far as can be learned from current literature, no one has yet made an attempt in a methodical manner, in any brochure or treatise published, to systematically describe and classify those herniæ which are operable and those which are not. For the purpose, of at least in part, filling in this void, this essay is offered.

In epitomizing the subject and considering the question of treatment of hernia, in a general way, it may be said with something approaching definite certainty:

1. That, inasmuch as no operative technique yet devised, or even can be, will always effectually remove the courses of any species of hernia; in consequence of this a permanent, enduring cure is quite out of the question, in certain cases.

2. The radical cure of hernia may be regarded as one of the most satisfactory operations in general surgery. The fact that the disease often relapses constitutes no valid objection against surgical intervention; for this is commonly the case in the major part of operation performed on the human body.

3. A radical operation for a non-strangulated hernia, which gives no serious inconvenience, is not a justifiable procedure and should not be encouraged, unless there are pressing reasons for it; as the presence of a neoplastic formation in the sac; or this latter is occupied by an an ovary, or some other viscus.

4. Hernial operations should not be performed in extremes of age. In early life there is seldom pressing necessity for them. In very advanced age the risk, immediate or remote to life or health, involved by operation more than compensates for the prospective benefit.

5. Unless there are specially contra-indicating factors in given cases, inguinal hernia should always be treated by radical operation in women, which, with them is so often attended by a permanent cure.

6. As a rule, all operations on reducible or incarcerated herniæ are radically curative, though the disease commonly relapses; nevertheless, the immediate dangers of strangulation has been removed and the hernia has been placed in a position to be more comfortably borne by a truss.

7. Every operation for strangulated vaginal or femoral hernia should always include such additional steps, as will effect thereafter an obliteration of the canal without undue pressure on the tubular structures passing through it.

8. Very large, old herniæ, in any of the abdominal regions are not operable, except in the event of strangulation, as their sudden return is often attended with mortal consequences.

Theories of Immunity.—Dr. J. W. M'Laughlin gives some of the theories of immunity (Texas *Sanitarian*) as follows: The retention theory of Chauveau claims that the products of infectious bacteria are retained, more or less, permanently in the bodies of the previously infected, and that, by their inhibitory power over the action of the causative bacteria they secure, to the individual, future protection from this bacterium; and it claims furthermore, that this accumulation of poisonous substances within the body causes no harm, because of its becoming accustomed to their influence.

Against this hypothesis is urged, first, its inability to explain the facts of natural immunity; second, that immunity from an infectious bacterium by no means gives equal immunity from its products, and third, this theory cannot explain Frankel's interrogatories.

The "humeral theory" of immunity assumes that the products of infectious bacteria, by chemical action, produce in the blood-serum of infected individuals proteid substances, which have the power of destroying the causative bacteria, and that the "protective proteids" thus formed are the immunizing agents which protect the individual by destroying the infectious bacteria.

Against this theory is urged, first, that it is not warranted by facts; second, that this theory cannot explain natural immunity; third, that normal blood-serum is not always toxic to such bacteria, and, fourth, that it cannot explain Frankel's interrogatories.

The theory of phagocytosis answers that the leucocytes—phagocytes—of the body constitute its army of defense; that these cells—phagocytes—devour bacteria, and thus protect the body from infection; but it cannot satisfactorily explain the difference of behavior of the phagocytes toward infectious bacteria, when observed, first, in the body of an immune animal, and second, in the body of a susceptible animal. In the first the phagocytes actually attack and devour the invading bacteria, but in the second the phagocytes hastily get out of the way and allow the bacteria to enter and infect the body without hindrance. Its explanation of natural immunity is very unsatisfactory, and it totally fails to explain how immunity is obtained from bacterial products.

Our physical theory claims that the products of bacterial action are the cause of both infection and immunity; that these substances are not secretions—as necessarily assumed by all the other theories—but result from the molecular vibrations of the bacterium shaking in sunder the molecules of those albuminoids of the body which vibrate in the same periodic time (susceptible albuminoids), and the re-arrangement of

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these molecules into the resulting products—ptomaines, toxines, poisonous albuminoids, etc.; that when these products, or the infectious bacteria which produce them, are introduced rapidly into the body of a susceptible animal, general infection shortly ensues; but as these are interfering bodies they inhibit the action of the bacteria—if such have been introduced—and, as will be explained further on, they change the molecular structure of the susceptible albuminoids in such a way that they become immune—are no longer disrupted by the molecular bombardment of the bacterium,—and consequently the individual is immune from that disease which is caused by this bacterium.

Impotence in the Male.—Among other things Dr. W. Frank Glenn says (*South. Pract.*) that in order that the sexual act may be accomplished, not only an acute desire and a good erection must be present, but a perfect confidence in one's ability to accomplish the result. If, from any circumstances, a man has once partially or completely failed, and upon that fact he builds a fear of his capability at a future time, he will almost certainly fail. In such cases the entire cause of the impotence is in the mind, and in no degree in the sexual apparatus. The vast majority of cases which present themselves to the medical man for treatment are those who have been sexually normal, but who have now lost, partially or completely, the power of erection or the sexual desire.

We naturally turn to inquire into the causes of these conditions.

First and foremost amongst the causes of any and all forms of impotence, in my opinion, stands sexual abuse before the age of maturity—just at that period when the utmost power of nature is at work changing the being from a boy to a man, when she requires, yes, demands, all the concentrated strength and energy of the entire system to aid her in this important work. If the sexual organs were carefully shielded from all undue excitation and no seminal losses permitted until after the twenty-first year, there would be few, if any, cases of impotence, and a far less number of nervous and mental derangements. While sexual excesses in the adult do frequently bring on impotence, yet the evil result is not so sure and is far easier remedied than when the organs have been impaired by excessive masturbation previous to maturity.

Dust and Catarrh.—In an article on this subject (*Sanitarian.*) Dr. W. H. Bennett says:

A pure atmosphere means health and comfort, a contaminated atmosphere means disease, distemper, and distress. What we want is a pure atmosphere. We cannot send all our patients away, either permanently or temporarily. Now are there any means we may employ to improve the condition of affairs here?

In this paper I cannot answer the question in detail; the subject is too vast. But, it seems to me, we should endeavor by legislation to limit the number of factories in cities, and to exclude those altogether the waste products of which tend to pollute the atmosphere. Small towns might accommodate one or two without materially vitiating the air in the neighborhood; but where many are huddled together in large cities, with the numerous other sources of contamination, they should not be tolerated. We should have cleaner—we should have *clean* streets. We should have fewer sewer connections in our houses, and wash-basins and sinks should be excluded from our sleeping rooms altogether. We should give the matter of heating and ventilating our houses more attention, and we should alter our methods of living—there are too many carpets, too many hangings, and too much upholstered furniture in our houses. Heavy plush carpets and hangings and furniture covered in plush should, I think, be prohibited by law. When all this can be done I am certain we shall have less catarrh.

Inert Tubercle Bacilli.—In an article on this subject, Dr. F. J. Thornbury says (Buffalo *Med. and Surg. Jour.*): Cultivation experiments further demonstrate the interesting fact that many of the tubercle bacilli found in the sputum and lungs are inert and quite harmless, although microscopically no difference from live bacilli is recognizable. The dead bacilli color just as quickly and intensely and cannot be discriminated morphologically. But the fact of their being inert can be demonstrated in the following manner: A quantity of the sputum, or pus from a tubercular cavity, is spread on the surface of agar and the tube capped. The sputum remains visable for weeks and the tube shows no tubercular growth, while others of the same series present colonies characteristic of tubercle.

A specimen of the sputum from the sterile agar-tube is now examined microscopically. Myriads of fine appearing, readily stainable tubercle bacilli will be seen. With the sputum containing these bacilli which have remained inert in the agar-tube kept in the incubator for a long time, guinea-pigs inoculated died in two weeks. But not one of them showed a trace of tuberculosis. This demonstrates conclusively that the vast majority of tubercle bacilli occurring in the sputum and lungs are inert, and that this loss of vitality is not recognizable microscopically as yet. With reference to the other bacteria associated with tubercule in the sputum, the presence of certain forms is constant and their pathological signifinance must be inferred. In fact, when the case comes to autopsy, the organisms which were present in the sputum are found disseminated in pure cultures through the lungs, and indeed, in one case, (in this instance a bacillus,) the previously seen organism was also found in pure cultures in every visceral organ of the body. Many varieties of these bacteria may be cultivated, which during life are constantly associated with the tubercle bacillus, and post-mortem, are found in pure cultures in the lungs. There are three forms discovered by Kitasato, two different streptococci and three micrococci. These organisms

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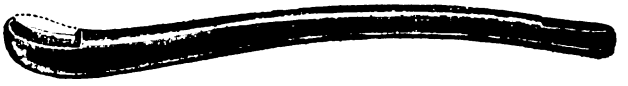
fluctuate in quantity, like the tubercle bacilli themselves, as shown by continuous microscopic examination. I have, myself, recently observed in examination of tubercular sputum, masses of streptococci and micrococci vastly in predominance of the isolated and scattered tubercle bacilli. These strange organisms show simply the counter-stain of methyl-blue, while the tubercle bacilli; themseves, alive or inert, take the fuchsine red, and have the usual characteristic appearance.

New Suppository Introducer.—Mr. W. Paulson states (*Lancet*) that this instrument is very simple in construction, being merely a vulcanite bar conveniently curved, and having a spoon shaped recess at the



apex just large enough to receive and hold firmly an ordinary suppository. Thus charged, it serves not only to introduce, but to maintain the suppository in contact with the surface it is desired to affect during solution, and afterwards of absorption or continued application, as may be desired.

Chronic Inflammation of Eye, Ear, and Throat.—Dr. W. H. Bates says (*Va. Med. Mo.*) that there is a form of chronic inflammation of the mucous membrane of the eye which is characterized by severe symptoms, without the appearance of much local congestion or swelling of the membrane. The discharge of mucus may be quite profuse, the intolerance of light may be extreme, the eyes may water in the open air or in a close room, and the mucous membrane be not very much inflamed. The symptoms of inflammation seem to be in their severity, out of all proportion to the inflammation of the mucous membrane. The eye may be, in all other respects, normal. This form of inflammation occurs in individuals whose general health seems good, as well as in those whose general condition is poor; it is very common. There are very few people who do not suffer from it, more or less, at different times. The relief of this form of conjunctivitis is usually a difficult matter. Local treatment is seldom curative. The treatment which relieves many of these cases is dry rubbing of the skin night and morning. Some are cured by nasal treatment, and others are not relieved at all by such treatment. Rest of the eyes does not relieve. Active exercise, especially if the patient enjoys it, is of great benefit; but exercise which is disagreeable to the patient has failed to lessen the symptoms of inflammation.

What is true of the eye seems to be true also of the nose, throat and ear. There may be a great deal of discharge from the mucous membrane of the naso-pharynx without much swelling or congestion of the mucous membrane. There may be well-marked deafness, and the inflammation of the mucous membrane of the Eustachian tube and middle ear may be slight. Some persons have severe symptoms of local inflammation of what seems to be slight causes. The principles of treatment applicable to the mucous membrane of the eye, hold good in the treatment of the nose, ear and throat.

Ascending Gonorrhea in Women.—If gonorrhea in the male still presents many points upon which pathologists differ, the same affection in the female scarcely possesses a point upon which they agree (N. Y. *Med. Jour.*). Ever since the promulgation of Noeggerath's famous dictum as to the relation existing between pelvic affections in women and latent gonorrhea in men, pathologists have busied themselves in the attempt to trace the gonococcus of Neisser from its entrance into the vagina up to the uterus, the Fallopian tubes, the ovaries, and the pelvic peritoneum, and to explain the pathological processes found in these various organs as due to its presence. Many obstacles have surrounded these investigations, and some of them have appeared insurmountable. For instance, it has generally been held that the gonococcus had not the power of penetrating into pavement epithelium, and consequently had no power of exciting disease in serous structures. To explain, therefore, the pathological changes found in the peritoneum covering the tubes in cases of pyosalpinx undoubtedly due to gonococcus, as shown by its presence in the tubes, it was assumed that there was a "mixed infection," and that staphylococcus aureus and streptococcus pyogenes were the pathogenic factors of the peritoneal affection. Experimental researches on the lower animals, which are usually of such great aid in similar investigations, were not resorted to, because it was known that the mucous membrane of the lower animals was not susceptible to the action of the gonococcus. The same immunity was inferred to exist in the case of the peritoneum.

Forty Cases of Psoriasis Treated with Arsenious Acid.—At the recent meeting of the American Medical Association Dr. B. Merrill Ricketts stated that so much has been said of psoriasis and its treatment, especially with arsenic, that he refrained from taking up much time. In May, 1888, he read a paper upon this section on the principle physiological propriety of arsenic over other remedies in the treatment of certain skin diseases.

To day he will confine his remarks to its use in the treatment of forty cases of the various forms of psoriasis, this being the number that has come under his care in the last six years, both in public and private practice.

Of the many remedies he does not think there is one that meets so many requirements as arsenic. In nearly every case it was well borne; true in a few cases it was taken with difficulty; but finally, with the proper and persistent management it could be taken with impunity.

He has given as little as $^1/_{60}$ grain of arsenic daily, on the other hand, he has given as much as 2 and four-fifths

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grains daily for eighteen successive days. This proved to him two things—first; that the drug is not so dangerous in the hands of experienced medicators as once thought; second, that what is a maximum dose for one may be nothing more than a mimimum dose for another.

He used arsenious acid or Asiatic pills composed of arsenious acid and black pepper in different proportions.

He did not advocate the use of Fowler's solution, for the reason that it is unreliable in strength, owing to its being an article of commerce, and the possibility of its being an article made for a long time and exposed to heat, light and air. Another advantage to be claimed for this drug is the ease and nicety with which it may be taken. He was of the belief that a patient treated with arsenic, has longer immunity than if treated with any of the numerous other remedies.

He made it the rule to begin with a minimum dose and increased it until the scales began to disappear. There was little puffiness of the eye-lids, slight diarrhea and occasional sensations of nausea. In conjunction with the internal treatment in some of the worst cases, he applied ungt. hydrargyri precipitatis, not so much for the good they do as to satisfy a clamorous patient. For soon the patient is not satisfied without they are smeared or painted with some decoction. But he firmly believed that the eruption will disappear just as promptly without the use of the ointment.

If there is much scaliness upon the face or scalp he thought it advisable to apply oils or simple cerate, that the scales may be kept soft and that itching may be relieved.

Our Mistakes.—Dr. William Murry is certainly not afraid to retail his. Among a number reported to an English journal we quote the following illustration of a mistake which sometimes occurs as the result of a paucity of experience and a good deal of science and may be here introduced. It is also illustrates the danger of the so called *nimia diligentiæ* in treating a case by every thing but the right thing. I was called to see a favorite child of wealthy people in Yorkshire said to be suffering from inflammation of the brain. I found a strong plethoric child, with flushed face and suffused and congested eyes. He was suffering from pain in the head, restlessness and great irritability, together with anorexia and a coated tongue. He was in a darkened room, two nurses were in attendance, and an apparatus for circulating iced water over the head was in active operation. The temperature was taken at frequent inervals, and repeated doses of aconite were being administered. The expression of the child's countenance and his evidently clear intellect did not convey the idea of meningitis to my mind, and I asked when his bowels had acted. No one quite knew, and it was clear they had not acted for a day or two. I gave my opinion to the medical attendant that it was a case of disordered secretions, and insisted on giving three grains of calomel, followed by a dose of senna. We met again in a few hours,and found the patient sitting up in bed quite cheerful and comfortable, after a free purgation, and he was soon quite well. I do not mean to cast any reflection on what is called scientific medicine, but I think an old-fashioned doctor would probably have purged at the outset and saved all this bother. Let us never forget the marvels achieved by our old friend calomel.

Glycerin in Hepatic Colic.—Ferrand states that he has found glycerin one of the best agents to administer in cholelithiasis. He gives it in doses of ʒv. to ʒvijss. It is to be given in water containing some cherry-laurel water and chloroform water. The entire amount may be taken at one dose or divided or even in tablespoonful quantity every hour. When the attack of colic has passed the glycerin is to be given in one to three drachm doses every morning in Vichy water. The conclusions of the author are:

1. Glycerin taken by the mouth is absorbed by the lymphatics, notably by those passing from the stomach to the hilus of the liver and the gall-bladder; it is found even in the sub-hepatic veins.

2. It is a powerful cholagogue and very valuable in hepatic colic.

3. In massive doses (ʒv-vijss) glycerin cuts short an attack.

5. In small doses (ʒj-iij), if taken daily, in an alkaline water, it prevents new attacks.

6. Glycerin without being lithotritic is the remedy par excellence for biliary lithiasis.

Craniotomy in Microcephalus.—Dr. T. F. Binnie in the course of a paper reporting a case of craniotomy in microcephalus (Kansas City *Med. Index*) states that careful comparison of cases forces one to the conclusion that cases of microcephalus must be divided into two groups—congenital and acquired. In the former the condition is most probably one of agenesis, the synostosis being a mere concomitant of or secondary to the cerebral defect. In this class of cases, logically, not much is to be hoped for from operative interference unless, perchance, as Starr has somewhat vaguely said, the increased space given the brain by the operation stimulates its growth and development. In acquired microcephalus operative interference is highly logical. Here the brain has shown itself capable of development until the bones, for some reason or reasons, unite and, perhaps, as in his case, thicken and not only prevent further development but cause retrograde changes to take place so that all the mental powers previously gained are now lost and the child from being more or less intelligent becomes a drivelling idiot. In a considerable number of cases of microcephalus which have been published, and quite notably so in his own case, there has been marked tenderness over the occiput, and the posterior parts of the brain have been of a size out of all proportion to the anterior parts. These features he cannot throw any light upon.

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What is the mortality after craniotomy? The published cases show it to be about 24%. This mortality of 24% is high, but does it render the operation unjustifiable? He thinks not. While it is too early to pass judgment on the ultimate results, yet, so far, the gains obtained in many of the cases is exceedingly encouraging and when we consider the utter hopelessness of any known method of treatment we are justified in running grave risks in our endeavors to raise these unhappy children from a state of hopeless idiocy.

Conclusions: 1. There are two forms of microcephalus—

(*a*) Congenital.

(*b*) Acquired.

2. Craniotomy, while indicated in acquired microcephalus, will most probably be useless in congenital.

Balanitis in a Child Aged Three Years.—Dr. J. W. Martin writes to the *Lancet*: On Feb. 10, 1891, I was called to a child aged three years and a quarter, suffering from some affection of the genitals. The child has a left inguinal hernia, for which it wears a truss. He had not been vaccinated on that account. His left arm had been fractured on two occasions. The anterior fontanelle is not completely closed. The mother stated he had slept with the truss on for two nights. On Tuesday, March 8, the child was pained and "swelled." On Wednesday he had difficulty in passing urine. He was restless at night, complained of thirst, and had no appetite. His head and face were swollen. A quantity of thick milk-white matter came away from the penis, and he could make water; after this the symptoms began to lessen. On examining the penis I found the thick whitish discharge oozing out of the point of the penis, the glans was swollen, and the skin over it reddened. The prepuce was seen to be red and inflamed. On inquiry I ascertained that a relative, who suffers from a discharge owing to chronic cystitis, had been in the habit of nursing the child when he came in, and being dressed as children of such years generally are, the child's penis must have come in contact with some of the discharge, and the infection have been set up in this way. There was no other reason to account for it. Any dirty discharge will set up similar inflammation in a young subject, not to mention gonorrhea. With local and general treatment the balanitis soon got better, tnd only complication being an attack of purging and vomiting one night.

The case seems to me worthy of being placed on record because of its rarity and as a warning to those having any chronic discharge not to nurse or fondle infants.

Broncholithiasis.—In a recent work on the solid products of the respiratory apparatus, M. Poulalion states that broncholiths may form in the larger bronchi, the smaller tubes, or even in dilated bronchio-alveolar cavities. Their number is usually limited. As a rule, there is but one concretion, sometimes two or three; but, in certain cases, the number is quite considerable. These broncholiths have a characteristic form derived from the cavity in which they are developed, presenting irregularities and more or less marked prolongations. Their size varies from a millet seed to that of a plum. Their texture may be uniform; or, in some cases, a nucleus composed of some forign body may be found. They are composed of phosphate and carbonate of line. The diagnosis is rather difficult and is generally made by observing the expectoration, which is calculous. In some cases the expulsion is accompanied by symptoms analogous to those observed in biliary, and renal calculus. There is a syndromal sign which gives the impression of a true bronchial, or pulmonary colic. Certain conditions may result from broncholiths such as calculous hemoptysis, pleurodynia, acute or chronic bronchitis, pseudo-phthisis, pleuro pneumonia, abscess of the lung, pyopneumo-thorax, pulmonary vomica, etc. The treatment is symptomatic the remote cause of the condition being unknown.

Srychnine Nitrate in Dipsomania.—Dr. Portugalow, of Samara, reports (*Ex.*) that he actually cured 455 cases of dipsomania with hypodermic injections of strychnine nitrate. He gives expression to his unbounded confidence in this remedy by saying that he knows "of reliable and specific remedies for two affections only: strychine for the various forms of alcoholsm, and quinine for malarial fever."

He prescribes:

℞ Strychnine nitrate, - - - gr. j.
Distilled water, - - - - ℥ss.
M.

For subcutaneous injections; daily, 1 to 2 injections, using for each, at first, 8 minims; later, 4 minims.

Usually 10 to 16 injections suffice for a complete cure. Some sodium bromide may be administered at the same time.

Keeley Cure.—According to a writer in a cotemporary Dr. Keeley has taken great pains to keep his remedies a secret, but they have been secured and analized by competent chemists, and are now well known. The treatment consists in the use hypodermically, four times a day of a solution which shows an analysis of:

℞ Strychnia sulph, - - - gr. ½.
Atropia, - - - - gr. ¼.
Acid boracic., - - - - gr. xv.
Aq. dest. - - - - - ℥iv.
M.

The formula of the tonic taken by the mouth is:

℞ Ammon. muriate, - - - gr. j.
Aloin, - - - - - gr. ij.
Tr. cinch. comp., - - - ℥iij.
Aq. dest., - - - - - ℥j.
M.

Sig. Teaspoonful every two hours while awake.

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During the initial treatment—for the first one, two or three days—much heavier injections of atropia are given, in combination with morphine. Any physician will know at a glance that the quantity of strychnine used is so minute, considering its relative potency, that it can have little effect in modifying the action of the atropia. The tonics support, to a degree, but they, too, have little influence in controlling the symptoms produced by that powerful drug.

Pretubercular Condition.—In a paper on this subject (*Sanitarian*) Dr. J. Hilgard Taylor concludes his remarks as follows:

Nothing remains now but to sharply outline the exact sequence of events in the pre-tubercular condition; and to make the picture as clear and distinct as possible I shall divide the events into stations. Please bear this in mind: I am to give in a few words the whole course of the pre-tubercular patient's disease from beginning to end, and desire it to be remembered that the first station is entirely made up of subjective symptoms and represents the true pre-tubercular condition. The second and third stations are made up of the same subjective malaise, plus the objective findings in the lungs, and merge into well-known types of tubercular invasion.

Station first—Subjective. General malaise, not fitting into the frame of recognized acute or chronic disease; in this respect comparing to neurasthenia, also diagnosed by exclusion. As stated above, general malaise is a falling off from the individual norm of eating, breathing, muscular power, refreshing sleep, buoyant mind, etc. This impaired general condition leads up to the local lesion, both subsequently uniting to bring about destruction.

Station second. The above subjective symptoms plus the objective change in the character of the respiratory elements; but as yet no rales, either dry or moist.

In the second period the general condition has advanced to noticeable loss of adipose tissue in some, or of red blood-corpuscles to the verge of pernicious anemia in others, or both combined. The order of importance in respiratory changes in auscultation are (1) quality, (2) pitch, and (3) rhythm. The changes now occurring are in the reverse order of their importance—rhythm first, then pitch, then quality. This is the main point I wish to emphasize. Rhythm: Interrupted (cog-wheel) inspiration, a pause not existing in the norm, a prolonged and audible expiration. Pitch: Higher than the original vesicular low pitch. This holds good of both auscultation and percussion, in accord with Dr. Leaming's great law: low pitch denotes porosity, high pitch denotes density. Quality: From vesicular to broncho-vesicular, and finally bronchial, or tubular as I prefer to call it.

Station third. Dry followed by moist rales and gurgles, according to whether the tubercular invasion begets a localized or widespread bronchiolitis or local excavation. The third station for pre-tuberculars, then is either a direct rush into diffused tuberculosis (general bronchiolitis, or tubercular pleurisy) in those of destructive metabolism, or a more gradual destruction by infiltration and excavation, perhaps with subsequent limitation, in those of constructive metabolism.

In conclusion he offers the following maxim: The pre-tubercular condition is an as yet undemonstrable tubercular invasion, engrafted upon those whose nutritive changes have brought them to a condition below par as compared with their usual physiological standard. This physiological unit is strictly and absolutely individual.

Pneumonectomy and Lung Suture.——At the late meeting of the California State Medical Society Dr. W. LeMoyne Wills detailed an experimental study (*Sou. Cal. Pract.*) which he had made. The speaker, as the result of his experiments, had arrived at the following conclusions:

1. Do not suture skin wound except for purposes of pressure, as it heals too fast for deeper tissues and retains discharges, and seems to provoke formation of, or at least retain, cheesy matter.

2. Close external wound with interrupted sutures, as skin and muscle are so loose that they pucker and do not heal rapidly.

3. Suture deep muscles layer by layer very carefully, so as to not leave spaces, and to superficial muscles, but not to skin.

4. Leave no more stump of lung than necessary, and the smallest pedicle which will be safe.

5. Without any constitutional evidences of sepsis (the greatest care and cleanliness being used), it seems that rabbits have a tendency to the formation of a cheesy pus in the healing of all wounds, operative or otherwise.

(This cheesy material was carefully examined on several occasions by Dr. Geo. Lasher and Dr. Lula T. Ellis, who found that it consisted of pus, broken-down granulation tissues, young cells, bacteria, but not tubercle bacilli.)

Pityriasis Versicolor.—Hericourt reports in the *Progres Medical*, says an exchange, that he has for years had extraordinary success in this disease, with embrocations of ol. terebinth.

In pityriasis versicolor usually a single application suffices, after thoroughly cleansing the skin with soap and energetically disinfecting the patient's garments. Observing these directions, the author anticipates no recurrence of the disease.

In herpes tonsurans at most three applications suffice to accomplish a cure in ten days. Slight friction with oil of turpentine, which would not redden a healthy skin, is enough, in the presence of parasites, to develop a lively red color. A thin scaly crust is formed which falls off in a few days. The frictions with ol. terebinth. are to be continued until the skin ceases to react.

In pityriasis of the hairy scalp, turpentine also proves very useful.

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Camphoid.—Mr. Martindale, of London, has devised a new substitute for surgical collodion for which he has suggested the name "Camphoid." It is prepared by dissolving one part of pyrosylin in 40 of a solution of camphor, composed of equal parts by weight of camphor and absolute alcohol. This preparation dries quickly and forms an elastic film which does not wash off. Camphoid is an excellent solvent of iodoform, carbolic acid, salicylic acid, resorcin, iodine, chrysarobin, and ichthyol; it thus forms a cleanly basis for the applications to the skin of these medicaments. It is especially a good vehicle for applying iodoform as the odor of the camphor covers that of the iodoform.

Infection by Telephone.—The possibility of infection by the use of the telephone mouthpiece by successive speakers has been hypothetically discussed before now. A Dundee correspondent of the *British Medical Journal* brings forward some facts in support of the possibility of such an occurrence. Dr. Anderson, the Medical Officer of Health for Dundee, who has had the matter submitted to him, has given a very sensible answer, which sums up the position in a practical manner; If a person who is suffering from sore throat of an infectious nature brings his mouth into close, or even near, relation to the mouthpiece of a telephone instrument, he thinks, in the act of speaking and expiration of air from the lungs and throat, it is possible that infectious particles might adhere to the instrument. He thinks an instrument which is so much exposed to the human breath should be frequently cleansed, whether the instrument be in a public or private room, and perhaps the simplest and most convenient cleanser is warm water and carbolic soap.

Bacillus of Eclampsia.—The *Deut. Med. Woch.* contains the announcement that Dr. Gerdes, first assistant in the Pathological Institute of the University of Halle, has in a severe case of eclampsia succeeded in demonstrating by culture the presence of a short bacillus in the liver, lungs, and kidneys, and also in the blood. This bacillus is extremely virulent when inoculated in rats and mice, causing convulsions in the latter. In all the animals experimented on, coma set in, the respiration became shallower, the body temperature became subnormal, and death occurred in a short time. In guinea-pigs convulsions only came on after intra-venous injections(the jugular vein was selected for that purpose); subcutaneous and intra-peritoneal injections produced no such effect. The bacilli referred to were found in great numbers in the lungs, kidneys, and liver of patients suffering from eclampsia, especially in the form of bacillary emboli, the starting point of which was probably a primary focus in the placenta. Dr. Gerdes promises a preliminary communication on the subject without delay.

Exercise for Children.—Dr. T. Madison Taylor has written an excellent paper on this subject (*Med. and Surg. Rep.*). Dr. Buckminster Brown says: "A most pernicious habit, and one which I have very often noticed in school girls, and less often in boys, is that while we are talking to them or during recitations, they stand on one leg. This position is assumed involuntarily, and it is almost always on one and the same leg to which the weight is thrown. The effect of this is easily understood. One side of the pelvis is lifted up, curving the spine on the loins; the opposite leg is advanced in front of the other, twisting the pelvis and rotating the vertebræ. Of course, the curve of compensation takes place between the shoulders; one is depressed, the shoulder blade gradually projecting, and with the change, and, in fact, assisting to produce it, occurs the spinal twist."

These various warping agents which are inevitable among children confined to school seats, or to the small variation of standing at their tasks, produce a large amount of actual damage, which remains as seed from which trouble grows, or simply impairs constitutional vigor. A large proportion of these are transient effects and overcome by wholesomer living later, hence never are recognized *per se*.

Case of Diabetes Mellitus.—Dr. H. C. Riggs says (*Jour. Amer. Med. Asso.*) numberless theories of causation have been advanced, and probably will continue to be until a satisfactory etiology is established. But whether we consider diabetes as symptomatic of neurotic disturbance, of pancreatic change, or of absence of a glycolytic ferment in the blood, or of a more or less complete combination of all these conditions, there still remain some fairly well established facts in its pathology upon which to found a reasonable scheme of treatment.

These facts are:

1. In all cases of diabetes mellitus the power of assimilating carbo-hydrates is defective.

2. This failure of metabolism deprives the body of a corresponding portion of its necessary nutriment and causes the usual local and general signs of marasmus and mal-nutrition.

3. Some or all of the carbo-hydrates taken as food, failing of proper conversion to body use, appear as sugars in the urine, which secretion thus becomes abnormal in amount, gravity and constituents.

4. Many authorities are agreed in considering the mild type of the disease as that in which the sugar excreted is derived directly and solely from the failure of carbo-hydrates ingested to be transformed into glycogen in the body; and the severe type as that in which sugar is excreted even when no carbo-hydrates enter the system, a condition probably due to a general failure of metabolism.

From these few points of comparative certainty, rising from the chaos of inflicting results and divine theories necessarily incident to the investigation and ultimate elucidation of such abstruse chemical and pathological problems, has come a line of treatment, partially rational and partially empirical.

Congenital Vesico-Vaginal Fistula.—Lipoma.

Editor MEDICAL REVIEW—One day in April a lady brought her daughter to my office to consult me about the incontinence of urine which the girl had been afflicted with since birth, she being at this time fifteen years of age and having menstruated twice.

She had taken the girl to several physicians previous to her coming to me and had been told by them that the girl would get over it as soon as she began to menstruate, but none of them had made an examination.

On examination I found the genital organs as well developed and in the condition of any well developed virgin of that age except that she had a small vesico-vaginal fistula about as large as an ordinary slate pencil which I think, from the history of the case, must have existed since birth, as she never had any injury that could have caused it.

I operated on her a few days afterward using cocaine as a local anesthetic (as I had no assistant except the mother) paring the edges of the opening and suturing with silk.

The girl made a quick recovery and is now fully relieved of her troublesome affection.

Mr. J. V. called on me to ask the advisability of removing a fatty tumor at the base of the neck just a little to one side of the spinal column.

I removed the tumor using cocaine instead of chloroform or ether. I injected a few drops of a 4% solution in six or seven places over and around the tumor and removed it through one vertical incision by enucleation with my fingers. There was very slight hemorrhage and I did not have to ligate any blood vessels.

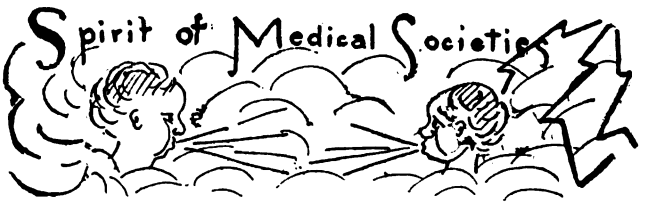
I removed the tumor about 5 o'clock P. M., and at about midnight I was called very hurriedly to his residence on account of a violent hemorrhage. I found him so weak from loss of blood as to be unable to help himself. I controlled the bleeding by pressure and cold applications without being obliged to open the wound, and after that it healed without suppuration and he made a very rapid recovery.

He is a man over six feet tall and weighs about two hundred and fifty pounds.

He had moved around a good deal after the operation and after I had left him and had used his arms against my positive orders and by that means must have ruptured an artery that was weakened by the process of enucleation.

The tumor was about two inches in diameter and out one and one-fourth inches in thickness and was deeply fissured on one side in two places.

Dresden, Yates County, N. Y. W. H. BOTSFORD.



Pott's Disease and Pregnancy.—Dr. T. Halstead Myers read an interesting article on this subject (Maryland *Medical Journal*) at the last session of the American Orthopedic Association. His conclusions were that the action of the voluntary expulsive muscles of labor was feeble in proportion to the deformity, on simple mechanical principles; but that the voluntary muscles were very little hindered.

Active Pott's disease of the dorso-lumbar region is apt to greatly increase in severity during pregnancy. He has known of no instance in which pregnancy has rekindled disease of the lower dorsal, lumbar or sacral vertebræ which had been *cured.*

During pregnancy, the weight of the uterus and its contents acts injuriously upon the diseased spine. Gestation also involves spinal congestion, and so predisposes to disease-action.

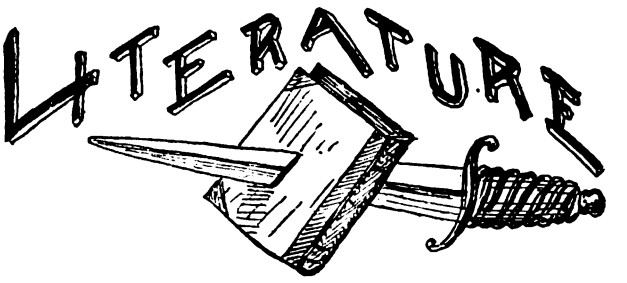
A New Method of Treatment of Spina-Bifida.—M. Berger recently reported to the French Academy of Medicine (*Ex.*) a case of spina-bifida involving the lumbar region of the spinal cord, in which he had effected a cure of this defect in development, by opening the sac and filling the deficiency in the osseous structure of the vertebræ with a portion of bone cut from the scapula plate of a young rabbit. The cure was absolutely complete at the end of four weeks, the union of the bone inserted with the vertebræ being perfect. A paraplegia which existed before the operation was not relieved.

Ulcer Originating in a Burn Healed only by Antisyphilitic Treatment.—Dr. Mary Putnam Jacobi related to the New York Academy of Medicine (*Arch. of Ped.*) the history of a child four years of age which had sustained a burn on the upper part of the thigh and was treated for a time in Bellevue Hospital, but as an ulcer, larger than the original burnt surface, would not heal, it was taken home. It then came under Dr. Jacobi's care, who succeeded by local treatment in reducing the size of the ulcer, but it would spread again. Skin grafts were applied and took, but later they broke down and the ulcer reached a diameter of six-and-a-half by four-and-a half inches. Its appearance was syphilitic, yet there was no other evidence of syphilis. It was finally induced to heal by constitutional antisyphilitic treatment in addition to local applications. Mercurial ointment alone had failed.

General Tuberculosis in a Child Seven Months Old.—Dr. Lafleur exhibited to the Montreal Medico-Chirurgical Society (Canada *Medical Record*),

the organs of a child who had died suddenly. A caseous mass was found at the bifurcation of the trachea; the lungs were hyperemic, over-distended with air, and contained a few scattered miliary tubercles, especially at the roots. A caseous tubercular nodule situated in the left lung was the only one observed in the lungs. The spleen contained miliary tubercles, some beginning to caseate; the same condition was present in the cortex of the kidneys. In the ileum, just above the fold of the ileo-cecal valve, there was a ragged ulcer with thickened edges; it was probably tubercular, though no tubercles were found about its edges or base. The lesions are typical and originated in the tubercular focus in the bronchial glands. The case was of interest on account of the age of the child. It has been asserted by some that tuberculosis is unknown in infants under one year, but Landouzy and other French pathologists have shown that it may be present in sucklings, while in America Emmet Holt has demonstrated the same fact. In this case the lesions hardly appeared sufficient to cause death, but the trachea and bronchi were filled with a material identical with that found in the stomach, so that the child had probably been choked by drawing regurgitated food into the trachea. The family history was unknown.

Spontaneous Cure of Femoral Aneurysm.—Mr. Howard Marsh described, to the Clinical Society of London, a case of spontaneous cure of an aneurysm of the femoral artery, apparently by inflammatory action. J. D., a street paver, aged 43, was admitted into St. Bartholomew's Hospital under the care of Sir William Savory March 30, 1891, with a well-marked aneurysm of the femoral artery, of the size of a small orange, in Hunter's canal, attended with edema of the leg and considerable pain. The skin over the tumor was somewhat suffused and hot, the cutaneous veins were distended, and the surface was tender. The patient's temperature was 100.2°. On the following day while the patient was lying in bed with the limb slightly raised and at rest pulsation diminished, and in eight or ten hours entirely ceased, and the tumor, except at its central part, became firm and hard. From this time the swelling gradually diminished in size, and the patient was discharged June 12. September 1, he was readmitted with a second and smaller aneurysm of the femoral, immediately above the former one (that is, in the upper part of Hunter's canal). He was placed in bed, and next day that aneuryism also was found free from pulsation and apparently solid. The tumor slowly disappeared. The author observed that all the phenomena in this case corresponded with the view that coagulation in the sac of the first aneurysm was in some way induced by inflammation of the parts around. But he remarked that this was a result of which no clear examples seemed to have been recorded. Another view might be entertained, namely, that cure was really brought about by displacement of a portion of clot. Possibly this was the manner in which the second aneurysm was cured.



Proceedings of the Philadelphia County Medical Society. Vol. XII. Session of 1891. T. B. SCHNEIDEMAN, M.D., Editor. 8vo., pp. 459. [Philadelphia: Printed for the Society. 1891.

This is a handsome volume which reflects credit upon the Society issuing it and is a lasting monument erected by the members in testimony of the earnest work and effort they have made to further the aims and purposes of the noble calling they have chosen as their life's work. It is not only this, but a record as well of a portion of the work done by men who have, in many instances, made names that are known the medical world over.

The papers which appear in this volume do not include all that were read before the Society during the past year. Some have been omitted but the character and number of those published bear ample evidence of the class of work which is done. The papers are all well written, clear cut, and chiselled out. The discussions which are appended have been carefully revised and pruned; so that, taken altogether, the volume is not only an interesting one, but exceedingly useful as well.

The papers have all appeared in medical journals during the current year, the Society thus profiting in a double sense—a wide dissemination of its proceedings and an assurance that what was printed consisted of the official reports.

We would recommend all of our readers, who can obtain this volume of proceedings, to do so and add it to their library. They will find in it much good reading for their leisure moments and a host of interesting features which the lack of space will not permit us to enumerate.

The binding of the volume before us is of the best—gilt edge, beveled covers, etc. The typographical work is also of the best, it being in Dornan's best style. Every one knows that this printer has acquired quite a reputation for the excellent manner in which he prints the proceedings of medical societies and he has shown that the improvement in his work is steady.

Railroads in Texas do not permit physicians to ride upon freight trains. Of course, the public in general is not allowed to avail itself of this mode of transportation, but it seems rather hard on a doctor to make him wait for a regular passenger train, and, it must be rough on the patient.

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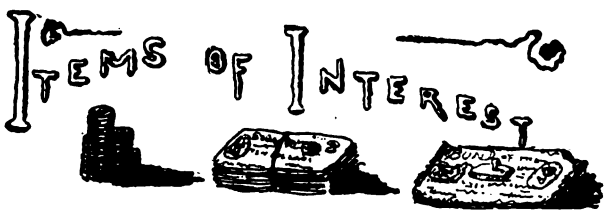

Dr. R. H. Worthington, of Denver, died recently. He was a prominent physician of Colorado.

Galega has been recently recommended as a galactagogne. It is said to be a superior remedy for this purpose.

The Canada Medical Record has changed publishers. The editors expect to enlarge this publication shortly.

The Annual Meeting of the Association of Life Insurance Directors was held at the office of The Mutual Life Insurance Company New York on May 27th.

Chicago seems to be a hard place if we are to judge of the following sent by a correspondent to a Texas exchange: If a person comes here and gets away without either tuberculosis or a tampon, they are in luck. Men are constantly losing their testicles from tuberculosis. One man said he had found one woman in Chicago who had ovaries.

Joined at the Spine.—The *California Medical Journal* is responsible for the follwing: Near Forsyth, Mo, there is living on a farm one of the strangest freaks that has been heard of. The freak is the son or daughter or both of James Howard, a farmer. There is a perfect double child of both sexes, but connected in such a way that no possible surgical operation can separate them.

The children are now seven years old. They are perfectly formed, with the exception that they have about eight inches of spinal column in common. They are back to back, and ten inches above the end of the spinal columns the bones merge into one column with a single spinal cord. The bodies separate again and the lower parts are entirely distinct.

Howard has been approached several times by museum men, who have heard of the freak, but he steadily refuses all offers to exhibit the children. The children play and act as others of their age do, and seem in no way affected by their singular situation. They have much difficulty in locomotion, but they have hit on a plan of their own whereby they get about.

They have an understanding, and when one wants to go forward the other is told and walks backward. They have done this so much that they can walk either way very readily. They have no thoughts in common, and are apparently thoroughly distinct with the exception of the slight connection of their spines.

Denver has one physician for every 235 of its population, and it has numerous hospitals, dispensaries, and free clinics.

Kate Marston, who is interested in the project for organizing a leper colony at Vilisoisk, a town of eastern Siberia, has left St. Petersburg for the United States, where she will devote herself to raising funds for the establishment of the colony.

We Agree.—The *Times and Register* says: An advertising quack in Boston writes us a letter filled with instances of his superhuman skill in the cure of incurable diseases, and winds up with the query: "Dare you publish the above?"

No sir: we do not dare to present our readers with such ineffable nonsense. The daily journals will, for a consideration, regale their readers with these miracles, and it would not be safe to affirm in the present state of civilization that among their readers there were none simple enough to credit their statements.

A Method of Cross-Examination.—We find the following in an article on some of the effects of "withdrawal" by Dr. L. Bolton Bangs. By the way, it is published in the *Southern Clinic* which objected to the pruriency of "Syphilis in Ancient and Prehistoric Times:" Even at the risk of being prolix he ventures to quote it in order to suggest to you a method of cross-examination.

"Well, you say you have no children?"

"No."

"Your wife does not want any, does she?"

"Well, no, not that exactly, but I do not want any."

"That is too bad. Why don't you want any?"

"I do not think I can take proper care of them."

"Well, then, if you don't want any you take some means to prevent having them?"

"Yes."

"Does your wife do anything?"

"No."

"Then, you do yourself?"

"Yes, I do."

"You 'pull out,' don't you?"

"Well, doctor, I might as well tell you. Yes, I do."

"You have always done that since you were married?"

"Yes."

"Every time you had intercourse?"

"Yes."

"Well, was such an act of intercourse satisfactory?"

"Well, sometimes it was and sometimes it was not."

"Did you ever feel actually relieved physically as the Almighty intended you to feel?"

"Well, I don't know that I did."

"You have kept that practice up these five years?"

"Yes."

"Well," I said, "You are just beginning to experience the punishment which is due for such an interference with the laws of nature."

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The German Congress of Surgery will hold its meeting for 1893 at Wiesbaden.

Creatin in the tuberculosis of human beings has been used by Dr. Zuill. Dr. S. G. Dixon and W. E. Hughes state that they have obtained nothing but negative results through itsuse.

Dr. D. C. Barber combined business with pleasure, while attending the California State Society Meeting at San Francisco, by marrying, on the 21st ultimo, Miss Nellie Yates. We wish the Doctor and his estimable wife many years of happiness.

Hard on the "Sun-Downers."—An exchange says that the Medical Association of the District of Columbia has resolved to exclude from membership all doctors who do not devote their entire time to the practice of medicine. This shuts out the sun-downers, who have places in the departments. They are also excluded from consultation privileges. As this shuts the "sun-downers" out of the American Medical Association, as representatives of no medical body recognized by the Association, it seems like hard treatment. But the other physicians say that these men receive salaries sufficient to support them, and all fees received in addition are so much "velvet," hence, the sun-downers are able to underbid the regular practitioners, and to cut in to such an extent as to render the practice unremunerative. This has naturally excited a bitter feeling against the men who compete from the 'vantage ground of a secure income outside of the practice.

Man by Incubation.—A writer in the New York *Medical Examiner* says that the inventive spirit of the age, and the profound research by learned men in the mysteries of the great laboratory of nature, may yet reveal some magical process by which this advancing phase of evolution may be accomplished. If we study the economy and characteristics of the busy little honey bee, we discover that, when a colony loses its queen, the workers, which are all females, immediately set about to produce a new queen. They take a single egg and built around it a special cell, enclosing therein certain kinds of food substance, and as the egg hatches and develops it becomes a queen in the brief period of sixteen days, and it thus appears that by the certain process of development and nutrition the distinguishing feature of sex is accomplished; a marvelous feature of animated nature. Why then may not the ovaries of the female, at certain periods, be caught by a self-inserting self-adapting, self-retaining, back action speculnm and then be transmitted to an artificial sac containing spermatozoa and the sac retained in a blood-warm substance which could be supplied with the proper nourishment and later on, air, during the stages of development, and thus produce the human kind. Who knows but that a superior coming race may yet come forth, Jove-like, without the terrible ordeals of noble womanhood.

Dr. Carl Frommann, the well-known professor of histology at the University of Jena, recently died at the age of 61.

The Control of Communicable Diseases in Detroit.—The *Medical Age* says that one of the distinctive differences between ancient and modern medicine is the great advance that has been made in preventing the extension of contagious diseases by the enforcement of proper sanitary laws.

The prevention of disease is the ideal of the doctor to-day. While much has been achieved in the right direction by establishing boards of health and endeavoring to enact and enforce necessary sanitary laws, there remains still a vast amount of work to be done.

Legislative apathy in making suitable appropriations for adequate protection of the public health is responsible to a large degree for the spread of contagious diseases.

Michigan has done more to protect public health than many other States, but has had to contend with inefficient appropriations and lax medical laws in its pursuit of this laudable object.

The recent meeting of the Michigan State Board of Health, in Detroit, to consider the prevalence of diphtheria and scarlet fever in the city, brought out prominently that it is one thing to enact laws to prevent the spread of these diseases, and quite another to carry them out, when no facilities for proper isolation, imperatively essential to the execution of the laws, are afforded.

The conference between the representatives of the Michigan State Board of Health and of the Detroit Profession and Health Officer, resulted in the following resolutions:

Resolved, That it is the sense of this meeting that the health department of the City of Detroit should send some of its officials frequently to the infected houses to see that the patients are isolated, and the other rules of the board are complied with.

Resolved, That Mayor Pingree, Secretary H. B. Baker and Dr. S. P. Duffield be constituted a committee to draw up a statement to the Common Council of the urgent necessity for a Contagious Disease Hospital.

Both were adopted and referred to the Detroit Board of Health to devise some means of making the resolutions effective.

In the course of the discussion, it was shown that there was no provision by the municipal authorities for the support of patients with contagious diseases who should properly be quarantined.

The active agitation of this much to be desired Contagious Diseases Hospital in the daily press can do much to educate public opinion to demand of its Board of Estimates a suitable appropriation.

Let those of the profession, who are able, bring to bear what influence they possess. The accomplishment of such an object will give its promoters an enviable place in the esteem of the people of Detroit.

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Management of Hospitals at North Brother Island.—At the meeting of the Board of Health held not long since the following resolution was adopted (Boston *Med. and Surg. Jour.*): *Resolved*, That upon due consideration of the testimony taken at an investigation in respect to the management of Dr. F. R. Percival, of the Riverside Hospital, at North Brother Island, in connection with typhus fever cases, this Board concludes that the persons sick with typhus fever have been properly treated and cared for, and that no further action is necessary in the premises at present. Soon after the investigation referred to was commenced, Dr. Percival was removed from the charge of the typhus fever cases and transferred to the charge of patients ill with other contagious diseases at North Brother Island.

Medical Society of the State of Pennsylvania.—The following appears in an exchange:

Wm. B. Atkinson, Permanent Sec'y, 1400 Pine St.
Philadelphia, May 20, 1892.

Dear Sir.—At our session held this day in Harrisburg, the following resolutions were adopted:

Resolved, That the Medical Society of the State of Pennsylvania hereby expresses its highest disapprobation of the practice of giving certificates or testimonials to secret preparations alleged to be of medicinal virtue, and calls the attention of the affiliated County Societies to the fact that such action on the part of members of the said societies is in derogation of the dignity of the profession, and in violation of the letter and the spirit of the Code of Ethics of the American Medical Association and of this Society.

Resolved, That this Society likewise expresses its disapprobation of the practice of inserting advertisements of secret preparations in the columns of medical journals, such action being an insult to the intelligence of the profession, and a degradation of journals indulging therein to the level of the patent-medicine almanac. Especially to be condemned is the action of the *Journal of the American Medical Association* in admitting such advertisements.

Resolved, That copies of these resolutions duly attested bv the Permanent Secretary, be sent to all County societies in affiliation with this society, to the American Association, to State medical societies in affiliation therewith, and to the publishers and editors of American medical journals. Yours respectfully,

W. B. Atkinson,
Permanent Secretary.

American Medical Association Officers.—The following is a list of the officers elected at the recent meeting held at Detroit:

Dr. Hunter McGuire, of Richmand, Va., President; Dr. H. O. Walker, of Detroit, First Vice-President; Dr. H. Brown, of Kentucky, Second Vice-President; Dr. H. Janes, of Vermont, Third Vice-President; Dr. Jesse Hawes, of Greeley, Col., Fourth Vice-President; Dr. R. J. Dunglison, of Philadelphia, Treasurer; Dr. W. B. Atkinson, of Philadelphia, Secretary; Dr. Montgomery, Assistant Secretary; Dr. George W. Webster, of Chicago, Librarian.

Milwaukee was selected as the next place of meeting:

The following were elected to fill vacancies on the board of trustees of the association: Dr. Alonzo Garcelon, Lewiston, Me.; Dr. Leartus Connor, Detroit; Dr. Perry H. Millard, of Minnesota, and Dr. Patterson, of Washington.

Members of the judicial council were selected as follows: Dr. N. S. Davis, of Chicago; Dr. John Morris, of Baltimore; Dr. H. D. Didima, of New York; Dr. John B. Roberts, of Philadelphia; Dr. A. M. Emmert, of Iowa; Dr. W. T. Briggs, of Nashville, Tenn.; Dr. C. W. Vorhes, of Coldwater, Mich.; Dr. W. E. B. Davis, of Rome, Ga.; Dr. A. Morgan Cartledge, of Louisville.

The Sections elected officers as follows:

Neurology and Medical Jurisprudence.—Chairman, Dr. C. K. Mills, Philadelphia; Secretary, Dr. L. G. Kiernan, Chicago; Executive Committee, O. Everts, Cincinnati, O., H. N. Moyer, Chicago, Justin E. Emerson, Detroit.

Materia Medica and Pharmacy.—Chairman, Dr. Frank Woodbury, of Philadelphia; Secretary, Dr. F. E. Stewart, of Wilmington, Del.; Executive Committee, Dr. H. C. Wood, Philadelphia, and Dr. F. E. Stewart, of Wilmington, Del.

Laryngology and Otology.—Chairman, Dr. E. L. Shurly, Detroit; Secretary, Dr. J. E. Boylan, Cincinnati, O.; Executive Committee—Drs. E. Fletcher Ingals, Chicago; Chas. H. Burnett, Philadelphia, Pa., and J. A. White, Richmond, Va.

State Medicine.—Dr. C. A. Lindsley, of New Haven, Conn., Chairman for the ensuing year, and Dr. S. P. Duffield, of Detroit, Secretary.

Ophthalmology.—Dr. S. D. Risley, Philadelphia, Chairman; Dr. H. Gradle, Chicago, Secretary; Executive Committee, Dr. F. C. Hotz, Chicago. Dr. J. J. Chisholm, Baltimore, Dr. Leartus Connor, Detroit.

Obstetrics and Diseases of Women.—Dr. John Milton Duff, of Pittsburg, Pa., Chairman; Dr. M. B. Ward, Topeka, Kan., Secretary. Executive Committee—Dr. E. E. Montgomery, Philadelphia, Pa., three years; Dr. Joseph Tabor Johnson, Washington, D. C., two years; Dr. James H. Eastman, Indianapolis, Ind., one year.

Dermatology and Syphilography.—Dr. Louis A. Duhring, Philadelphia, Chairman; Dr. W. H. Dunlap, Syracuse, N. Y., Secretary; Executive Committee, Dr. L. D. Bulkley, New York, three years; Dr. A. Ravogli, Cincinnati, one year; Dr. Ohmann-Dumesnil, St. Louis, two years

Oral and Dental Surgery.—No names reported at time of going to press.

Physiology and Dietetics.—No report received.

Practice of Medicine.—No report received.

Diseases of Children.—No report received.

Surgery and Anatomy.—No report received.

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The Students of the University of Coimbre, Portugal, have resolved to refuse attending lectures on account of a disciplinary measure exercised in regard to a fellow student.

The Illinois State Board of Health has, during the past week, issued State certificates entitling to practice medicine and surgery in Illinois to the following physicians: Geo. A. Baynes, Chas. N. Brockington, Solomon Eisenstaedt, Dana H. Garen, J. T. Pickerill, George Reder, Marcus A. A. Saylor and Wm Wenziick, of Chicago; Frank M. Banker, Amboy; Theodore H. Conger, Highland Park; Flint Hart, West Point; C. E. Lapointe, Kankakee; Drnest M. Mills.

An Expensive Officer.—We learn from our lively exchange, Daniel's *Texas Medical Journal*, that the salary of the Secretary of the Texas State Medical Association is $200. As Chairman of the Publication Committee he receives $300 additional. This makes the real cost of the Transactions rather high being for 1891-92 $1480 or $2.47 per volume. In Missouri the Secretary of the State Association does the same work for *nothing*.

New Symptom of Paralysis of the Laryngeal Muscles.—M. Fauvel states (*Societe Francaise d' Otologie at de Laryngologie*) that whenever a patient whose voice is either extinct or bitonal and harsh has, in addition, a breath which is offensive and alliaceous, paralysis of the muscles of the larynx may be confidently diagnosed. For several years past M. Fauvel has remarked the constancy of this symptom, the presence of which is due to the decomposition of the mu cus stagnating on the surface of the membrane. The odor is *sui generis*, and totally unlike any other. To practitioners unaccustomed to the management of the laryngoscope this phenomenon may be useful in leading them to a correct interpretation of concomitant symptoms referred to the larynx.

The Journalist.—The following hot shot is administered by one of our medical cotemporaries: A weekly publication devoted to newspapers, authors, artists, and advertisers has in some way reached this office. It is published in New York at the remarkably steep price of $4.00 a year by Allen Forman. About the most prominent feature in this publication is the announcement in bold face type that "we will not exchange with any paper." Inasmuch as this was not a sample copy, the wonder is how we received it, and it seems that the editor has gone considerably out of his way to refuse an exchange before we have asked or desired one. In short, we presume that the editorial fraternity at large doesn't care whether they exchange or not, and certainly are not anxious to pay $4.00 a year for a paper that can be published for 50 cents with ease.

Now is the time to subscribe for the WEEKLY MEDICAL REVIEW

Variola pervails as a violent epidemic at Lutz.

Dr. Albert Koehler, for many years the assistant of Bardeleben, has been made a professor.

The Detroit Free Press furnished full and complete reports of the Detroit meeting, including the general sessions as well as all the sections.

The Exhibitors at Detroit filled the Rink with samples of their products. They made a very creditable showing and loaded the doctors with samples of their goods.

Mr. Berkeley Hill, of London, is dead, aged 58 years. He was in the first rank of the English syphilographers, occupying in London a position comparable to that so long held by Ricord in Paris (*Med. Bull.*). He was surgeon to University College and Lock Hospitals; Dean of the medical faculty in the former; member of the Council in Royal College of Surgeons of England, and, in 1888, Hunterian Professor of Surgery and Pathology in that college, when he chose endoscopy for the subject of the ear. He died from cancer of the liver, after a lingering and painful illness.

American Surgical Association.—The following officers and members were elected at the Executive Session: President, Dr. N. Senn, of Chicago; Vice-Presidents, Dr. W. W. Keen, Philadelphia, Dr. Chas. B. Porter, Boston; Secretary, Dr. J. R. Weist, Richmond, Ind; Treasurer, Dr. John B. Roberts, Philadelphia, Recorder, Dr. J. Ewing Mears, Philadelphia; Members of Council, Dr. Roswell Park, of Buffalo and Dr. R. F. Weir, New York; Member of the Executive Committee of the Congress of Physicians and Surgeons, Dr. R. McLane Tiffany, Baltimore—alternate, Dr. James McCann, Pittsburg. It was decided to hold the next meeting in Buffalo, in May, 1893; and Dr. Roswell Park was elected Chairman of the Committee of Arrangements.

A Good Move.—The *Times and Register* states that the numerous physicians who visit Philadelphia, and desire during their stay to take advantage of the clinical facilities of the various hospitals, are not infrequently deterred from accomplishing this object within the limited time at their disposal, owing to a lack of knowledge of the exact hours at which the physicians and surgeons visit their hospital wards. Hence it is proposed to form an association, to be known as the Association of Hospital Physicians and Surgeons of Philadelphia, and to be composed of visiting physicians and surgeons of the respective hospitals. The Association proposes to publish a roster of the terms of service and visiting hours of its members, and other data which will at once give information to a stranger where and at what hours he can witness practical work in any line of general or special medicine or surgery in which he may be interested.

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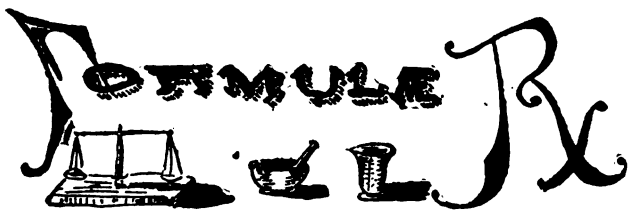

Improved Fehling's Solution.—As is well known this solution deteriorates rapidly as it is usually made. Rossell, however, states that the following is unalterable:

℞ Cupri sulphatis puriss., - grams, 34.56.
Glycerini puriss., - - " 150.00.
Potass. hydrat., - - " 130.00.
Aquæ destill., - q. s., ad c. c., 1000.00.
M.

This solution has a reducing powder of five milligrammes for every centimeter cube.

Exophthalmic Goitre.—M. Dieulafoy recommends the following for the treatment of Basedow's disease, his method being to medicate as if the patient was in danger of imminent hemoptysis:

℞ Pulv. ipecac., - - gram, 0.03.
Pulv. digital. fol., - - " 0.02.
Ext. opii, . - - - - " 0.0025.
M. Ft. pil. No. 1.
Sig. From four to six of these pills should be administered daily.

Vinum Carnis Et Ferri.—Wine of Beef and Iron (*Prescription*):

℞ Ext. carnis (Liebig), - - gr.ccIvj.
Tinct. ferri citro-chloridi, - ♏ccIvj.
Aquæ, - - - - - - - ℥j.
Vini xerici, - - - q. s. ad ℥xvj.

Dissolve, mix and filter.

Each fluidrachm represents two grains of extract of beef, and two minims of tasteless tincture of iron.

Epilepsy.—In a severe case, after failure of other remedies, Dr. J. A. Proctor, of Union City, Ind., resorted to the following combination (*Med. Bull.*). Under its influence attacks ceased and have not recurred more than two years:

℞ Sodii boratis,
Ex. spigeliæ fl.,
Tinct. calumbæ,
Ex. stargrass fl.,
Tinct. sanguinariæ, - - aa ℥ij.
Ex. pulsatillæ fl., - - - ℥j.
Aquæ, - - - - q. s. ad Oj.
M.
Sig. Teaspoonful three times a day.

Comedones.—The following dusting powder is recommended by Blondel (*Deut. Med. Zeit.*):

℞ Bismuthi subnitrat.,
Pulv. acidi borici, - - aa gr.xlv.
Pulv. rad. rhatan., - - - gr.xv.
Pulv. tragacanth., - - - - ℥ss.
M.
Sig. To be used as a face powder.

Nutmegs in Hemorrhoids.—The common nutmeg employed in the form of an ointment is said to give prompt and permanent relief (*Ex.*) in itching and painful piles. It may be employed as follows:

℞ Pulv. nuc. moschat., - - - - ℥ij.
Acid. tannic, - - - - - - ℥j.
Petrolat., - - - - - - - ℥j.
M.
Sig. Apply locally.

Injections for Chronic Cystitis.—Ultzmann recommends the following prescriptions in the treatment of this troublesome condition:

℞ Crystallized carbolic acid, - gr.xv.
Distilled water, - - - - ℥iijss.
M

Dissolve and mix with equal parts of hot water at the moment that the liquid is to be injected.

Or the following:

℞ Boric acid, - - - - - - ℥ss.
Glycerin, - - - - - ℥j.
Distilled water, - - - - ℥x.
M.

Make a solution, and mix with equal parts of water at the moment of employment.

Expectorant for Grippe.—Dr. J. Randolph states (*South. Clinic*) that expectorants of a relaxing and diaphoretic kind are the best. Ipecac in some form he has found superior to anything else, and he prescribes (varying the different ingredients of the mixture as the symptoms of the disease change, the following:

℞ Syr. ipecac, - - - - - ℥jss.
Syr. scillæ,
Syr. senegæ, - - - aa ℥j.
Camph- tinct. opii,
Spts. nitrous ether, - - - aa ℥ss.
M.
Sig. Take one teaspoonful every two hours until expectoration becomes quite free, then take, not oftener than every three or four hours.

Pediculi Pubis.—We find the following recommended (*Med. and Surg. Rep.*):

℞ Hydrarg. ammoniat., - - gr.xxxv.
Balsam Peruvian, - - - - ℥j.
Olei petrolei, - - - - ℥ijss.
Lanolini, - - - ad ℥viij.
M.

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"I Hear that Jones treated his family doctor very badly."

"So I heard. I suppose he thinks that turn about is fair play."

Teacher of Physiology.—"What should one do immediately upon coming into the house with wet feet?"

Pupil.—"Take them off, and put on others as soon as possible."

Worse and Worse.—"So your son is ill, Mr. Walsh?" inquired a neighbor with sympathetic interest.

"Oh, yes," was the reply given with dubious exactness. "First he had the la grippe and now he's got this armonia."

Walter Besant asks.—"Where are our poets gone?" A Pennsylvania insane asylum manager states that eight out of every ten of the patients under his care are addicted to writing verse. If Mr. Besant will address a letter to him he can probably get the desired information.

Valuable.—Citizen.—We are getting up a petition to the Mayor to allow sick babies to shoot squirrels in Prospect Park. May we have your name.

Fashionable Hatter.—It's a laudable object, and you can have my name for a dollar and a half—25 per cent of the regular price.

First Medic.—"How did the reception go off?"

Second Medic.—"Splendidly. It was like a carbuncle in two ways."

F. M.—"How so?"

S. M.—"Why, in the first place, it was a great gathering, and secondly, it was a swell affair."

Patient.—Your fee is exorbitant. It didn't take you a day to do the work.

Doctor.—It is my regular fee. I am not charging you for time, but for the cost of my medical education.

Patient.—Well, give me a receipt for the cost of your education, so the next fellow won't have to pay for it too.

A Judge, enjoying an iron constitution, went to consult his family physician one day. "What miracle brings you here," said the doctor. "I am afraid that there is something wrong with my health," answered the Judge. "And where do you suffer, in the head, the stomach, the heart? "No, but I have noticed lately that I can't sleep any more during the course of a trial.

The Colored People of Kentucky are protesting against the "separate-coach" bill which is about to go into effect.

A New Fast Train service has been inaugurated from the Pacific coast and Utah, via Salt Lake City, to the east, over the Rio Grande Western, Colorado Midland and Santa Fe route, reducing the time between Utah and Chicago twenty-four hours.

In the Case of Wells v. the Missouri Pacific Railway company, involving the constitutionality of the law of 1887, requiring railroads to fill or block all switches, frogs and guard rails, the Missouri supreme court recently rendered an opinion (*Railway Age*) to the effect that the law is unconstitutional by reason of having been passed at an extra session of the legislature without having been mentioned in a special message from the governor. But in March, 1891, the legislature passed the act that is now in force, which imposes a penalty of $10 for every failure on the part of any railroad company in the state to put in use and maintain after November 1, 1891, the best known appliances or inventions to fill or block all switches, frogs and guard rails on their roads, in all yards, divisional and terminal stations and where trains are made up, to prevent as far as possible the feet of employes or other persons from being caught therein.

The Killen of the Bull.—A railroad man recently allowed the St. Louis *Republic* Man About Town to take the following verbatim copy of a report made to the roadmaster of the St. Paul and Dakota Railroad. The report was headlined thus:

The Killen of the Bull.

TAYLOR FALLS, Minn., 1-10-23-91—To Mr. M. D. Kelly, the Honerable R. M., St. P. & D. R. R.: DEAR SIR.—Your humble servant Andy Slattery, section foreman at the Falls Below knows but very little in regards to the killen of the bull. But howsuever what right he had over here when he lived two miles beyant the right of way but never the less he came over in company with two of his female sex, and in the hight of their jolity they lept the fence and they were cavorting the whole of the afternoon up and down the right of way and presently along comes No. 7 and hits the little bull a welt and knocks him to the pike below, and breaks his bones to atoms, and the bull is dead. That is all I know in regards to the killen of the bull. Your humble servant, at the Falls below. ANDY SLATTERY,

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MEDICAL REVIEW.

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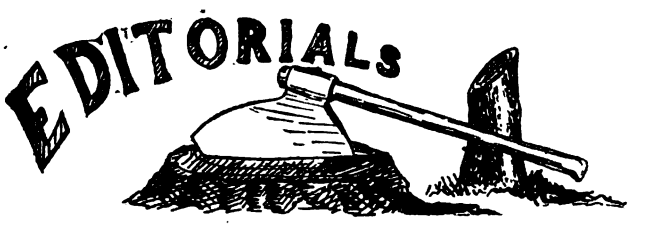

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TO CONTRIBUTORS AND CORRESPONDENTS.

All letters whether intended for publication or not must contain the writer's name and address, not necessarily for publication. No attention will be paid to anonymous communications.

Secretaries of medical societies will confer a favor by keeping us informed of the dates of the meeting of their respective societies, and of officers elected.

Members of the profession who send us information of matters of general interest to our readers will be considered as doing them and us a favor, and we shall take pleasure in inserting the substance of such communications.

All communications for the editor, and all books for review, should be addressed to the editor, 5 South Broadway.

All letters containing business communications or referring to the publication, subscription, or advertising department of this REVIEW, should be addressed to 914 Locust Street, St. Louis.

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Medical Prudery.

Of all the nauseating affectations which are forced upon sensible people there is perhaps none which is more disgusting than prudery. We most fully believe in modesty in every respect, but the assumption of a mock-modesty when no occasion arises for its exhibition is simply revolting to reason, just as every other exhibition of hypocrisy is to the just and right minded. Prudery is an unhealthy growth which should be extirpated on account of its baneful effects upon the young and budding mind as well as upon feeble intellects. They have not reached that development of the mind which enables them to justly discriminate between truth, and falsehood garbed in the habiliments of the former. In consequence, they are very apt to acquire mistaken and perverted ideas and assume the same mental pose in the false supposition that they are doing "the proper thing."

Our readers are familiar with the picture of the legendary old maid who clothed the legs of her piano in red flannel in order that it might not expose its limbs. They have smiled over the prudish old women who put a sack and petticoat on the statue of Venus in order to protect their young and teuder offspring from the dangers engendered by gazing upon such sacriligious nudity. Physicians have found the ulcer in a woman's "ankle" located far up above the knee. In fact, we are brought daily face to face with such examples exhibited by the laity. This may be pardonable, for they know no better. But, what shall we say when physicians exhibit such traits; when men, who certainly should be above such small traits of ignorance, not only parade this vice but add to it the Pharisaism which in their narrow and belittled minds is supposed to imply, "I am better and purer-minded than you!" They are the ones who will not hesitate to oppress the widow and the orphan; who will force their wives to assume virtues not their own; who force their offspring to become adepts in hypocrisy. The example set is a marked one and while a certain amount of prosperity enables them to live in comparative comfort they enjoy neither the confidence nor respect of their more intelligent fellow-beings.

We have recently had some examples of medical prudery brought to our notice which show how ridiculous a man is capable of making himself if he only tries. In fact, we would have looked upon the matter, in each case, as a joke, so farcical was it, had there not been collateral evidence that what was written was meant in all seriousness. To give one example—a subscriber complained that the REVIEW was positively indecent; that it indulged in ribald jests, to such an extent that he could not permit it to lie around, lest his *wife and children* should read it! We suppose that this latter-day exponent of modesty (?) recommends works on operative midwifery, gynecology, genito-urinary diseases, atlases of venereal diseases, etc, to his family for light reading on Sunday afternoons whilst he plays hymns on the parlor organ. Or, perhaps, he desires to have a medical journal made reversible so that when the aforesaid wife and children law their claws upon it, it shall become a commentary on Scriptures readily available for use in the Sunday school! Perhaps we misjudge, not being learned in the law of imperfect cerebral development. Be this as it may, the above exhibition of "greenery-yallery" estheticism is certainly one of the strongest arguments we could possibly advance for higher medical education. We suppose that when the

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above "doctor" dissected, in his student days (if he ever did), that he clothed the cadaver in "trunks" so as to cover its shameful parts, at least.

The above may serve as an illustration of one type. We will now give another and a more excusable one which is due to an effort to cover a certain amount of ignorance by an assumption of delicacy which, unfortunately, is detrimental to the patient in many instances. We refer to the physician who attempts to make a diagnosis of an abdominal trouble by palpating through the bed-clothing; who will pretend to make an auscultation through a corset and dress; and who "uses" the forceps under a sheet. We have seen such pretences and we were forced to conclude, by the occurrence of subsequent events, that it really made but little difference considering the attainments of the doctors in question. A perityphlitis was something unknown, the location of the mitral and tricuspid valves a sealed book, and the forceps was looked upon as a convenient means for the extraction of a slightly larger fee. We have seen such individuals look with horror upon the debased wretch who presumed to make a thorough and searching investigation and who—saved the patient. Moreover, strange as it may appear, the patient was so lost to all sense of shame and modesty as to feel grateful to the perverted wretch who had presumed to violate the immaculate law of the chaste Diana-like physician. These doctors never perform perineorraphy, nor do they ever make a diagnosis of a chancre of the cervix. They may apply a tampon in a vagina, but it certainly grates harshly upon their finer feelings to be forced to subject a patient to such mortification. They never become great but, like the rose in Gray's "Elegy," are content "to waste their sweetness on the desert air."

We could continue to exemplify this trait of medical prudery but space forbids our dilating any further on this phase of the topic. We desire, however, to refer to another condition which is more ridiculous than either of the others, and which is simply an insult to the noblest and most self-sacrificing profession exercised by man. We cannot condemn too vehemently the medical editor who sees pruriency in everything. The editor of a medical journal is supposed to be intelligent, broad-minded, and liberal. Whilst he does not mould public opinion, so far as the medical profession is concerned, he is supposed to exert some influence and this should certainly be for the betterment and elevation of medicine in all its aspects and relations. A medical journal which cannot do this has certainly no excuse to exist, and one which is competent to accomplish its purpose should be edited by a man capable of avoiding the fault of making a laughing-stock of himself. Above all things stultification should be avoided, by all means. There are some medical journals whose editors are either so weak-minded or so foul in spirit that they see pruriency in everything—who would detect it and explain it where no one else would be conscious of it. They are the very same ones who will declaim against this self-discovered pruriency and then in the next issue publish matter actually indecent. That is, it would be indecent were it not for the fact that it is necessary for the intended purpose. But it shows that the editor is affected with a moral squint which sees "science" on the right but turpitude on the left owing to a unilateral mental astigmatism which is added to the other defect. The proper adjustment of the glasses of common sense may correct such deficiencies in some instances; nothing can in others, they are hopeless cases.

We are certainly not in favor of the immodest or licentious. Pruriency is the antithesis of prudery and both, like all extremes, are to be deprecated and frowned down upon. But, we do not believe that a laparotomy is performed on a "lady." We do not believe in so-called "refinement," but we equally oppose coarseness. The one is ridiculous, the other revolting. Delicacy of of feeling is as capable of expression in good old-fashioned Saxon words as it is in the most latinized expressions, just as politeness may be manifested in corduroys as well as in broad cloth. Modesty does not shrink when necessity compels; it is only when license persuades that it revolts. Prudery is not essential to the physician; it is not a quality, it is merely a phase of the art of insinuation and innuendo. A physician who is true to his profession need never be brutal nor immodest. He can strip a patient—male or female—make his examination and perform this unavoidable task with as much modesty, as if he were teaching a young lady the higher form of esthetics in her boudoir, in the presence of her mother. The minister who reads his text from the Bible does not select those passages which some might call prurient; but, he also does not descant upon the fact that such exist and that he avoids them for fear of contaminating pure and innocent minds. The physician is not expected to tell his patient that the task in hand is immodest and that it is necessity alone which compels him to do what he does. He should do it in a business-like manner and leave his patient rest under the only true impression—that it is a matter of business and prudery will be unnecessary, and the confiding patient better satisfied and better treated.

Who are the Quacks? is a question asked by the Pacific *Medical Journal* which goes on to say:

The traditional dignity of the medical profession seems to be on the wane, judging from the obnoxious methods of advertising resorted to of late, not only by those who have openly left the ranks of reputable physicians, but by not a few who still lay claim to respectability; and we are grieved to see their number steadily increasing and their boldness growing more and more shameless. Every few months cheap portraits and laudatory (auto)biographical sketches of "Leading Citizens" (dis)grace our public press colums, and side by side with homeopaths and eclectics members of our own County and State Medical Societies flaunt their pictures and fulsome praises in the most disgusting manner.

We would also draw the attention of the Board of

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Examiners to these cases, were it not that their innate modesty will prevent them from doing anything, especially as one of their members is in the same boat, his portrait with an equally nauseating sketch of his professional and political career having appeared in a recent number of one of our society weeklies.

The Pacific *Medical Journal*, believing that the wonderful achievements of these great physicians should be known to the profession as well as to the lay public, will hereafter keep a vigilant eye on those who seek newspaper notoriety, and will give them an editorial puff free of charge.

Life Insurance for Medical Men is urged by the Occidental *Medical Times*. This journal states that the subject of life insurance is one of exceeding interest to medical men, not only because its study enters into a complete medical education, but because its benefits are greater and more needed than among men of most other callings. It is our purpose to take up the latter feature of this topic, and present some reasons why medical practitioners should avail themselves of equal opportunities with others to insure their lives.

It is presumed that the medical man is married, as most actually are or should be. It is also presumed that he has children, which is generally in accordance with facts, for he is quite sure to acquit himself of the debt due his progenitors by a liberal contribution to posterity. Though the physician, better than others, knows how to practise frauds in procreation, he must be charged with less delinquency of this sort than most other persons. It is found that he usually provides well for his family, especially in the education of his children, that social and charitable obligations are freely discharged, and, finally, that very few are able to leave much wealth to be divided among their successors. The principal inheritance of his children consists in a good name and a large lot of uncollectable bills for services which have shortened his life's span. This is the rule, with just enough exceptions to prove its validity.

Usually the best practioners are not good business men. These are the ones who collect the lowest percentage of their earnings. They have not time for personal attention to this matter of business, and they are disinclined. On the other hand, those who make their professional life subservient rather to personal gain than to the relief of others, and who know how to make good investment of their earnings, are, fortunately for mankind, in the minority, and generally rank low in professional knowledge. Their families are provided for by acquired property or life-insurance—usually both—and to them these remarks are not addressed. The important considerations are thus epitomized:

1. Medical men are less apt than other professional men to gather wealth to themselves.

2. Their expectation of life is less, and their liability to leave their families in straitened or distressed situation much greater, unless such provision as life insurance be resorted to.

3. There is actually no discrimination against medical practitioners, as is the case with those following a number of other callings.

4. Opportunities for easy payment are presented to most medical policy-holders, which in effect amount to favorable discrimination, though one of which others have no right to complain.

"Heart-Failure" and "nervous prostration" are two unfortunate expressions in too common use says the Atlanta *Medical and Surgical Journal*. The latter is often used to cover a multitude of sins on the part of the patient and a hopeless ignorance on the part of his attendant. The two expressions we hear about as frequently, and are about as explicit as the prevalent "kidney trouble" and "womb disease." Nervous prostration, no doubt exists—sometimes, but that's neither here nor there. "Heart-failure," however, we believe, is neither a pathological condition nor a clinical fact.

As used at present the term would seem to mean the functional stoppage of the heart without sufficient assignable cause. If actual disease of the organ had been detected during life, then this vague and indefinite cause of death is no longer adduced. But why?

We believe that this notion is unscientific and contrary both to physiology and fact. It supposes that a normal heart may cease its functions without sufficient cause, intrinsic or extrinsic. Physiology, we think, will uphold the statement that any organ will continue its healthy operation until something interferes to derange it, and this is as true of the lung and liver as it is of the heart. But we do not remember to have heard mention yet of "lungfailure." But why not? If the heart ceases to beat we believe there is a reason for it, and our failure before and after death to detect this reason surely does not warrant us in accusing this faithful organ of voluntarily (as it were) going on a strike and closing the scene. Actual heart-failure in the sense usually understood we do not believe exists, and the cases of death said to be so produced are due to other causes, whether these latter can be ascertained or not. Still when in our ignorance we assign this cause in a particular case it is generally accepted as ample by those who know no better.

A Thought on Relaxation is indulged in by the *Maryland Medical Journal*: It says that a short afternoon excursion, half an hour by rail from the city, reminds us that all of life is not to be found in the treadmill of daily practice. The physician who lets the glorious and mind embracing beauty with which the advent of the summer clothes the country-side pass unheeded year after year, and never slackens his medical labors to revel in the freshness of the leafing forest, the tinting of the woodland flower, or the perfume of the new-mown meadow, is guilty of the murder of some of the noblest faculties of his soul.

City men are prone to deceive themselves with the thought that it is their duty to devote every hour of the

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day, from Monday morn no Saturday eve, and from January to December, to their business. A little reflection shows, however, that this is not a real necessity, if one is content with reasonable success. The hard-worked practitioner should be among the first to recognize the opportunities offered him in the opening by our railroads of pleasant and easily accessible country-side and water-side resorts, where he may, in a single after noon, obtain sufficient recreation to relax his tetanized involuntary muscles, and start his torpid secretions, to quicken his step and clear and tone his mind, for weeks to come.

The Best Calling in Life according to Dr. C. H. Hughes (*Alienist and Neurologist*) is that which, after contributing sustenance to the worker, bestows the most good upon mankind. That calling is Medicine. It cares for the body of man and fits its tenant, the soul, for all the duties and demands of life. *Mens sana in corpore sano* is a maxim handed down to us from the ancient masters.

Without disparaging other professions or occupations, it cannot be disputed that the practice and teaching of the medical art is the highest of benefactions. It is the greatest of charities as it is the noblest of human callings. The ministry of love was the life-work of the Divine Master, for though He began His mission as a carpenter and loved to dispute, as a boy, with the philosophers in the temple, He concluded His career as a physician of both body and soul, and went about healing the sick and doing good. He was the Great Physician.

The greatest and mightiest word that ever proceeded from the mouth of God or His Apostles was "charity" —the fatherly love of God and the fraternal charity of man. St. Paul pronounced charity the highest of the virtues, and one of the sweetest-minded of the Apostles was Luke, the good physician. The two professions that practice true charity more than all others are those of Medicine and Divinity, and in them the physician and the divine go hand in hand. There are no two of the callings of men so closely allied in their work. That true charity which considers in every aspect the welfare of our fellows, brings the doctor of divinity and the doctor of medicine close together. It was the appreciation of the true charity of our noble professsion that caused Cicero to regard the physician as near the gods.

With the highest human sanction and the Divine example, I commend to you the practice of charity. It will do you good all the days of your life we well as those who may be the recipients of your ministrations.

The study of the physician includes the moral as well as the physical well-being of man, for the purity of the soul has much to do with the health of the body. The purity of the heart and the dominance of the body by principles of rectitude has much to do with the health and consequent happiness of present and succeeding generations. The direct and hereditarily entailed diseases which are the offspring of sin, and *vice versa*, which have filled and are filling the land with misery and woe, both physician and divine are alike especially interested in preventing. The psychology of sin and the pathology of crime are studies alike for doctor and divine.

The man who is sick in his soul is seldom well in his body, and the soul's affairs do not prosper well when the body is disordered.

Physician's Fees for Per Diem Services are commented upon in the following manner by the *New York Med. Jour.*: The necessity that a prominent physician of this city has just experienced of suing a client for a bill for services entailing absence from the city must have been a very unpleasant ordeal. His services were requested by a business man of a Southern city for ten days. In the bill $250 a day was charged for his services, and this the defense maintained was an extortionate charge. Various prominent physicians of New York testified that they would have charged from $300 to $600 a day. Evidence was also presented that a physician could make a certain number of day and night visits that would remunerate him to the same amount as that charged for per diem services. But there is another feature of this subject that does not appear. This physician was called for his special knowledge and skill, and in all professions the individual has the privilege of disposing of his services for such remuneration as he sees fit. Not only this, but during an absence of one day even, it would be possible for a physician to lose not only one, but several cases that would remunerate him far more than the sum above mentioned, and it is for this reason particularly that it has been everywhere the custom to charge what might seem to be a high price for services entailing prolonged absence from one's place of business.

The Minister and Medical Ethics are considered by Dr. S. Grover Burnett (*Kansas City Med. Rec.*) who says: Expressed in practical English, theology means in every-day-day, emulating charity, and saving of souls. Practical medicine means charity on the quiet, preservation and emulation of the science, and the saving of human life. In these imperfect expressions of the two professions briefly stated, it is not difficult to see how essential it is for mutual interest to be enjoyed that there may not be professional retrogression on either side with a consequent recreation, morally degenerative in character, upon the human family generally.

That there has been slowly but surely a divergence being engendered between the professional interests directly reacting upon our patrons (the public), and indirectly upon the professions, is beyond question when given due consideration. The doctor gets moody and calls the minister a "diplomat" and the minister picks his opportunity to publicly "jump on" the medical profession for its indevotion to the church. Unfortunately the medical profession is burdened with a number of

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incredulous, so called doctors, devoid of private or public morals, who infest public organizations of all kinds with but one object in view, viz.: self advertisements. The church draws a large share of this class. They immediately solicit the minister's acquaintance, confess everlasting faith in his teachings without a large per cent of christianity in their hearts, are looked upon as good Methodists, Baptists, Presbyterians, etc., are recommended by the parson as good doctors, are at liberty to use the minister's name as "reference by permission," and in a short time are able to control the patronage of many of the good brethren. In addition "to working the church," these gentlemen who give the minister's name as "reference by permission," usually have a side issue about the size of a bushel basket of "references by permission" which they trust to Uncle Sam to distribute at intervals in the best paying territories where their great and wonderful healing powers have not as yet been heard of. And still the heads of the churches are amazed and wonder why doctor so and so hesitates to enroll his name along side of the gentleman who "gives reference by permission."

Investments for Physicians are spoken of by the *Times and Register* which says that a good general rule in regard to investments is that one should place his funds in enterprises about which he can form an opinion, because they relate to his own business or profession. When one puts his money into a thing of which he has no practical knowledge, he runs about as good a chance of losing as does the man who never handled the reins, but buys a horse on his own judgment, aided by the arguments of the man who has the animal to sell.

Further than this, by investing in matters having some connection with their own business, one can use his personal influence in their favor. The code of ethics prevents the physician who is a member of societies, as all should be, from engaging, directly or indirectly, in the manufacture or sale of drugs; but there are other avenues open to him. There is the field of medical journalism. Most of our journals are supplied by publishing or trading houses, and are more or less influenced by their ownership, to the detriment of professional interests. There is no special reason why physicians should not own medical journals. The ideal journal should be the property of a company of physicians, with representatives in every large city in the country, each one actively engaged in collecting and forwarding papers, news, etc., from his own section. This would render the journal a cosmopolitan publication; it would have no local limitations, and would probably wipe out of existence most of the trade journals. So many advantages would accrue to a journal thus constituted that it seems singular no one has founded it.

Another opening for the physician's funds is to be found in the development of mineral springs.

A third professional investment is in the sanitarians or special private hospitals. People everywhere want special treatment and are willing to pay for it. The opium or alcoholic habitue will go any distance to obtain what he believes to be the best treatment for his ailment. The world is ransacked for spots where the consumptive may live a little longer. The asthmatic seeks relief on the shores of Puget; the rheumatic betakes himself to Southern California; the emphysematous to Minnesota, and so on.

It is easier to drift along, ambitionless, in the old rut, never lifting the eyes to look out of it, than to put into one's business that enterprise and energy that are the birthright of every American.

Eye-Lash in Eye Wound.—The following curious case is reported by Dr. J. G. Meachem (*Med. Standard*): A sixteen-year-old young man, while playing hide and go seek with some other companions, about 8 o'clock of a moonlight night on the 3d of February, attempted to pass through an opening in an up and down board fence, where one board had been removed. The upper stringer still retained the nail that had formerly held the board in place. The boy in his hurry to pass through the opening struck his right eye with great force against one of the projecting nails, which penetrated the organ into its very center, entering the globe about a quarter of an inch to the right of the corneal margin. The head of the nail was intact as when first driven into the stringer. Intense pain and shock followed the injury, amounting almost to collapse.

When I first saw the patient, which was half an hour after the accident, he was cold, pulse feeble, hardly perceptible, and was vomiting. I gave him a hypodermic solution of morphia and brandy. In a short time he rallied, when the wound bled freely. Considerable inflammation came on the next day, but it was kept in check by the usual antiphlogistic measures, atropine being freely used The nail was examined, and was found clean and free from foreign attachments, except that it was slightly oxidized. Great care was taken in examining after the injury, to be sure that no extraneous substance had been carried into the eye by the puncturing nail. For three weeks he was kept indoors and in a darkened room.

The eye did not collapse and the inflammation gradually subsided. The sight, however, was almost entirely destroyed.

April 28 he called at my office to consult me, as the eye for a few days was considerably inflamed and was becoming painful. A close and careful examination revealed two minute projecting points in the cicatrix, which appeared like two exceedingly minute hairs growing therein. With a delicate pair of forceps I grasped one of the points and gently made a little traction, and out came a full length eye lash. The second point was treated in a similar manner, with a like result—a second eye lash. In a few hours the inflammation began to lessen and at the end of twenty-four hours he was entirely relieved.

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Bromide of Strontium in the Dyspepsias.—To say that the bromide of strontium sedates nervo-gastric irritation and controls morbid gastro-intestinal fermentation, without causing depression of any toxic symptom, is to practically state that this medicament has the highest value in all those dyspepsias which are not dependent upon purely mechanical causes. Hence, its usefulness in the simpler forms of dyspepsia would be regarded almost as a matter of course. This seems to have been the view taken by the eminent French observers who have lately experimented with it, for they proceeded at once to test the medicament upon the worst forms of dyspepsia—upon that class of cases which are alike the despair of the physician and the patient, and which so often lead to such final ruptures in their relations as the practitioner rarely regrets.

We here refer to those gastric phenomena which are manifested by sour and bitter regurgitations and obstinate pyrosis in all its forms: to the large class of flatulent and gastralgic dyspepsias; and those distressing distensions of the abdomen which no form of medical treatment had thus far relieved, and for which the rectal tube, electricity and massage have been able to accomplish very little. The clinical testimony of the Paris Hospital demonstrates that bromide of strontium (Paraf-Javal) acts like a charm in these cases, and this quality alone would give it a high position in modern therapeutics.

But not only is the bromide of strontium indicated in functional but in organic disturbances of the stomach, while in that formidable condition described as dilatation it has even effected cures.

Effects of Medicated Inhalations.—Dr. A. Irsai of Buda-Pesth has made some instructive laboratory observations on the effects of the inhalation of various substances on the lungs and air passages (*Lancet*). Almost immediately after a few inhalations of air impregnated with oleum terebinthinæ the lungs became pale, but regained their ordinary appearance on the readmission of pure air; a second administration of turpentine vapor was followed by the same appearances as the first. The cause of the pallor was doubtless a spasmodic contraction of the pulmonary vessels—probably due mainly to peripheral action. When oleum juniperi or oleum pini sylvestris was employed, results of a similar kind, but less in degree, were obtained. Oleum pini sylvestris, however, is a more powerful vaso-motor constrictor than oleum terebinthinæ. With eucalyptus, oleum anisi, oleum menthæ, and menthol scarcely any change was produced in the color of the lungs. With oleum thymi and thymol three or four inspirations were followed by a distinct reddening, which increased as they were continued. Creasote and in a still greater degree, guaiacol, produced redness, there being rapid relaxation of the vessels and great hyperemia of the lungs. From these observation Dr. Irsai concludes that in acute catarrhal affections with swelling, hyperemia, and profuse secretion, substances should be selected for inhalation which produce anemia, and that in chronic torpid conditions, or in phthisis where the supply of blood and the nutrition of portions of the lung are defective, substances which induce hyperemia should be used. Of course it is needful to exercise due vigilance in employing creasote or guaiacol in cases where there is any tendency to hemorrhage.

Obesity.—Dr. Paul Cheron states among other things (*Diet. and Hyg. Gaz.*) that the quantity of aliment may be reduced either by imposing an always uniform regimen, which soon begets anorexia and disgust, or by withholding from the food a considerable quantity of fat, or, finally, by forbidding beverages during meals. Emaciation is obtained readily enough in either way, and demands only the constant exercise of will power on the part of the patient; but unhappily, severe regimen cannot always be prescribed. When the obese patient has passed the age of forty; when the heart suffers from degeneration; or when the heart is anemic—in all, rigorous treatment will serve to still further enfeeble the central organ of circulation, and tend to precipitate accidents that, by all means, are to be avoided. In such cases, by not treating the obesity, the days of the patient will be prolonged.

Iritis.—In a lecture on this subject (*Med. and Surg. Rep.*) Dr. De Lapersonne says: Clinical observation has for a long time permitted us to recognize the frequency of iritis in the infectious malady *par excellence*: syphilis. In this instance it is not necessary that the microbe be discovered. The proportion of these cases, although variable according to syphilographers and ophthalmologists, is quite considerable. On the other hand, the period for the appearance, and the gravity of the disease, depend on the degree of virulence. In malignant syphilis, the affection coincides with the appearance of the roseola. You know how syphilis affects old individuals, and, in this respect, I will cite the case of an unfortunate countryman who came to our clinic, suffering from an intense gummous iritis. He still had upon the chin two chancres produced by the razor of a clumsy and careless barber; the body of the patient was covered with a confluent papulo-squamous eruption and numerous mucous patches. This man exhibited at the same time the primary, secondary and tertiary symptoms of syphilis, if we look upon the gummous affection of the iris as a tertiary manifestation of the constitutional disorder.

Iritis is of frequent occurrence in states manifestly infectious, such as tuberculosis and leprosy. Blenor-

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rhagic iritis has been described, and there is no doubt, at present, that blenorrhagia is due to a general systematic infection. Still further: the frequent occurrence of iritis during the existence of intestinal disorders, has been attributed to a reflex infection.

Rare Congenital Malformation.—Dr. C. A. Hamann states (*Univ. Med. Mag.*) that the following rare case occurred in the Children's Hospital of the Mary J. Drexel Home of his city. The child was a patient of Dr. John B. Deaver, who has kindly permitted him to put the case on record.

A. McD., aged 14 months, was the daughter of apparently healthy Irish parents; the mother had had one still-born child and one miscarriage; no other instance of deformity had occurred in the family, as far as could be learned.

The infant was rather puny. The legs were fixed upon the thighs at about an angle of 100° and were connected with the latter posteriorly by a fold or web of tissue about one-quarter of an inch or more in thickness. The position of the popliteal artery was not ascertainable. The ham-string tendons were readily felt and passed near the free edge of this connecting fold.

The fingers were somewhat contracted into the palm. The feet were in a position of talipes equinus. There was no other external deformity. It was decided to attempt a plastic operation to remedy the defect, but the child declined in health and died, probably of tubercular meningitis. An autopsy was obstinately refused by the parents, so that the opportunity of dissecting the parts was unfortunately lost.

The accompanying illustration gives a very good idea of the appearance of the malformation. As pointed out by Dr. Julius Wolff, in commenting upon an analogous case, this cannot be regarded as an instance of reversion to a lower type, for in no mammals is there a fold of skin passing between the leg and thigh. There is in birds a fold of skin from the humerus to the wrist joint, called the patagium, which contains tendons.

About Milk-Teeth.—Dr. Robert L. Dickinson speaks as follows (Brooklyn *Med. Jour.*) on this much-neglected topic: If you care for symmetry of feature and sweetness of expression in the lower half of the face; if you appreciate one great beauty in the laugh and the speech of a child, and are hurt to see stumps and gaps in the small mouth; if you have any care on the score of pronunciation; if you are assured that tartar often causes retraction of the gums and loosening of the teeth; if you have ever seen abscess followed by scars on the face; or roots projecting through the gum; if indigestion and its far-reaching effects on growth and strength seem undesirable to you—and, finally, if you wish small dentist's bills for regulating and filling the second set:

Then you will follow these directions—which are essential in every detail.

1. In the early months (about fifth to twelfth) clean twice daily with soft rag and lime-water.

2. Later (about twelfth month) brush with small soft brush after each feeding.

3. Later (about fourth year) teach child to use quill-pick after each meal, and then to brush carefully the most hidden crevices with lime-water, or use waxed silk instead of the tooth-pick.

4. Polish off all stains with soft pine stick and tooth-powder.

5. Take the child to your dentist every three months, beginning at the second year, and have the cavities searched for and filled. By having the cavities filled early child suffers none during the operation.

Every tooth after the twentieth tooth belongs to the permanent set. These are all in position by the third year. The first permanent teeth are back of these, appearing usually between five and six.

Establish habits early and firmly and the child will keep them.

Forbid rich candy, fresh or rich cake and pastry and hot bread.

Let the child strengthen its teeth on sufficient crusts and meat not too tender.

What to do for Toothache.—1. Rinse the mouth and the cavities thoroughly with warm water in which is dissolved all the baking soda it will carry; failing,

1. Dry the cavity gently with surgical cotton (absorbent) made into a swab on the end of a knitting needle or crochet needle, and

3. Drop one drop of creosote or pure carbolic acid on a bit of absorbent cotton, and pack it gently into the cavity.

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4. A small capsicum plaster (¼ inch square) bought

at any drug-store may be placed on the gum. If the tooth is sore to bite on, No 4 is the best.

5. Take the child to the dentist to find out what should be done with the teeth.

Obstetrical Rapid Dilator.—Dr. H. S. Lott speaks of a new obstetrical rapid dilator which he has devised (N. C. *Med. Jour.*). The following is an illustration and description of this instrument:

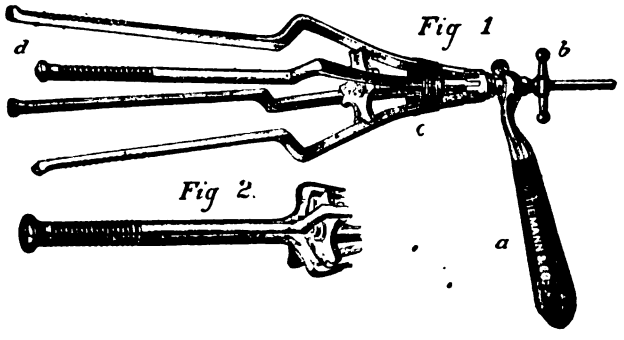

Fig. No. 1 shows the dilator open; (*a*) is the handle of hard rubber, rotating on the shaft and tightened with a set screw; (*b*) is the dilating screw, graduated with letterings and lines to indicate the exact distance the points of the dilating blades are separated; (*c*) is a heavy rubber band for securing the approximation of the blades for withdrawal when the dilatation is done; (*d*) represents the four dilating blades—six inches long, corrugated to prevent slipping of the encircling os, and each having a delicate, flange-like projection at its distal point to hold it securely within the os. The blades are highly polished, no abrupt edges to pinch or otherwise injure the mucous membrane of the parts, and when closed for introduction.

Fig. 2.—The distal points represent a circle the size of a silver dime, with slight concavity presenting to the child's head, for safety in case of contact during a pain.

Thus we have in the four blades four points of peripheral irritation in the circumference of the os, with a dilatation of three to three and a half inches, after having deducted the probable yielding due to the amount of spring in the blades, which it is impossible to present.

Hot Blanket Packs in Fevers.—Dr. W. W. Bremer gives (N. Y. *Med. Jour.*) the following directions: Take a blanket just large enough to completely envelop the patient: fold it lengthwise twice; then roll it up into a moderately tight roll. Boil until dissolved two ounces of good soap in two quarts of water. Pour the boiling solution slowly into the center of the ends of the roll of blanket, stopping at intervals to clap the outside of the blanket to facilitate its thorough saturation. Either a cot besides the patient's bed, or half of the bed on which he lies, should be prepared by laying on it a Mackintosh sheet, over which is placed a large double blanket dry, so arranged as to come half way on the pillow, and thus be ready to completely and thoroughly surround the patient's neck. The patient should be undressed and have a loose blanket thrown over him. All being in readiness, the roll should be laid at the foot of the bed and quickly unrolled from below upward and spread out on the dry blanket. In about two or three seconds, judging from the heat by the hand, place the patient upon the center of the hot wet blanket; two ordinary attendants can easily do this even when an adult is delirious. Wrap him up, with the arms inclosed, from both sides; first with the wet blanket, and then with the double dry one, taking great care to make the dry one fit closely around the neck, and fastening it with a safety pin. The feet must be well tucked up, and, if they are inclined to be cold, a hot water bottle should be applied and inclosed in the outer coverings. If the room is cold, another quilt may be thrown over these coverings. A handkerchief squeezed out of cold water should be placed on the temples and renewed every few minutes, or an ice-bag applied to the whole head. The patient should be supplied with cold water to drink as often as desired.

The pack should be continued from one or two hours, according so the state of the temperature and the feelings of patient; children often fall asleep during the application. The temperature will usually fall after it it has been applied some time, or, if the patient is delirious or comatose, intelligence will return more or less completely. The pack should be repeated twice or thrice daily until the temperature falls permanently below 101° F. When it is removed, the patient should be gently rubbed with a soft towel and replaced in the ordinary bedding.

Pilocarpine to Promote the Growth of the Hair.—Surgeon B. D. Basu, Indian Medical Service, reports an instructive case in the *Indian Medical Journal* (*Medical Bulletin*). The patient, aged 35, had lost his hair at the age of 10, after a spoil of continued fever. At the time of consultation there was no hair upon any part of his body, except the eyelashes. The scalp, eyebrow, axillæ, and pubes were perfectly smooth. After continued failure with the various stimulating applications the surgeon began the hypodermatic injection into the scalp of five minims of a 4% solution of nitrate of pilocarpine, every other day, and a lotion of the same applied to all the affected parts. After about two months the result of such treatment was a growth of hair about two inches long on all the locations mentioned, which, at first light in color, was growing dark at the time of the report. The surgeon, however, is doubtful of any further progress, and does not think that even that growth will be permanent. No internal medication was taken, and there was no constitutional disturbance from the use of the pilocarpine.

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San Francisco Letter.

Editor Medical Review.—

A Strange Case of Epilepsy.—There has just been discharged from the City and County Hospital, an epileptic with a peculiar surgical history. The patient, a very intelligent man, about 32 years of age, gives a history of no form of nervous disease in family and of splendid personal health up to eight years ago, when he was struck over the head with a billiard cue which laid him up for a few days. The next summer he was in Peru, South America, and contracted a fever, for which he was ordered arsenic. It appears that he took large doses, as much as 10 to 12 minims of Fowler's solution ter in die, over a period of two months, at the end of which time, on a hot day, he had an epileptoid convulsion. This recurred every month for about a year, when they gradually became more frequent up to the time when he first came under observation, in April, 1889, when the attacks were daily. He said he had no convulsion at night, but after admission to the hospital, we soon found they were nocturnal as well as diurnal. There was no aura, no premonition of any kind, no consciousness during the attacks, nor any paresis following. The movements appeared general from the start, but perhaps were a trifle earlier on the right side. On examination there was a well marked depression found on the scalp, just posterior to the line of the fissure of Rolando. This was chiefly on the left side, but extended across the median line and corresponded to the site of injury with the billiard cue. Dr. R. A. McLean operated after making it the subject of a lecture. He pointed out that ordinary symptoms of Jacksonian Epilepsy were marked by reason of the pressure being on both sides, on the motor areas. A broad flap of the scalp was dissected up and the calvarium was found apparently normal in every particular with not a sign of any depression or fracture. The trephine was however applied and a piece of bone as large as a silver half dollar removed; the membranes as well as the surface of the brain being found healthy. A needle was then passed in three directions to a depth of two inches into the brain tissue, but nothing abnormal discovered. The patient recovered without a bad symptom, and was discharged in six weeks, having had no return of the epilepsy at that date. He applied for readmission in the early part of 1890, stating that after the operation he had not had any fit for over six months, but after that date the previous symptoms had recurred and had now again become frequent, so that he had to give up his business. Another operation was undertaken at his request and the opening enlarged, during which the superior longitudinal sinus was opened and plugged. The patient got well and was discharged as before and reappeared in May, 1891, eager for another operation. He was told of the danger of proceeding further and how little good could be expected, but he insisted on the operation, saying his life was useless as he was and that the few months respite were well worth the danger of the operation. Dr. McLean then operated on him the third time, removed more bone, and turned back the flap, dressing it open. The epilepsy has since recurred about once a month and of late not quite so frequent, having been to date nearly two months without an attack, the patient has "got religion" and is happy. He has left the hospital with a window in his skull over seven inches in circumference, the flap has contracted to a small nodule and the brain is covered with a layer of white pearly cicatricial tissue. There was never anything found to account for the epilepsy, yet there is no doubt that the patient was benefited by each operation and that he is now in a great deal better condition than when we first saw him in 1889.

The State Board of Health is to meet this evening to take the necessary steps to prevent the introduction of small pox along our northern border. It is epidemic in British Columbia and is rapidly spreading.

Scarlet fever is still epidemic in this city and the press is accusing the health inspectors of criminal negligence in their lack of fumigation and disinfection of the infected buildings. It is notorious that while the physician in charge of a case of scarlet fever or diphtheria is bound by law to report it within twelve hours to the health office, that in the great majority of cases no attention is apparently paid to the report, the subordinate officers being low-grade politicians who know nothing of the duties and care less. It is a burning disgrace that the Board of Health should suffer these things to be. These offices should be removed from the province of politics.

The City Physician of Oakland reported a case of leprosy last week in a young woman, 18 years of age, who was at the time in the parturient chamber. It created great excitement among the authorities as there is no lazaretto in the country and everybody shirked the responsibility, and ere it was decided the woman escaped. Four days ago the same woman was found in a ward of the City and County Hospital, San Francisco, where she had been for five days. It appears that she was admitted with mastitis, and that the leprosy was overlooked for five days. The woman is now at the Pest House, and the incident has occurred very opportunely to call the attention of the legislators to the need of a State Leper Hospital, and to show as claimed by the city that San Francisco is made a dumping ground for the State.

S. J. Hunkins.

Buffalo Letter.

Editor Medical Review.—At the last meeting of the Buffalo Medical and Surgical Association, Professor

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Van Peyma spoke on "Errors in Obstetrical Diagnosis." Passing over those mistakes which were blunders pure and simple, the doctor discussed at some length various points in which general rules or accepted theories fail or become misleading.

In pelvimetry our conclusions as to the state of the true pelvis are, for the most part, inferences from the measurements of the false pelvis. The relations existing between the diameters of the true and the false pelvis are not exactly uniform however. In spondylolysthesia the true conjugate may be normal, and yet immediately above it there may be an antero-posterior shortening of what is practically the obstetrical conjugate, so that delivery may be interfered with. In osteomalacic pelvis the diameters from the sacrum to the cotyloid spaces are apt to be shortened while the conjugate may be lengthened and labor may be delayed, and delay attributed to some other cause. A tumor immediately behind the symphysis pubis would be difficult to detect. One of Dr. Van Peyma's patients was affected in this way. Of her five children he had delivered four and all instrumentally, using ordinary forceps twice and Tarnier forceps twice, the latter affording a great mechanical advantage.

The presence or absence of the hymen has been considered evidence for or against virginity. The absence may be congenital or due to accident. Delivery at the sixth month of gestation has occurred several times without rupture of the hymen and in one instance impregnation took place with an imperforate hymen by way of the bladder and a vesico-vaginal fistula. The purplish color of the vestibule and fornix has been mentioned as a positive sign of pregnancy, whereas it merely indicates hyperemia from any cause. The roughening of the vagina was at one time taken to mean gonorrhea in the past, but in all cases of pregnancy there is an increase in the size of the vaginal papillæ. Dr. Van Peyma had found it extremely difficult to distinguish between leucorrhea and gonorrhea. He had heard Carl Braun tell a woman who denied having had children that she lied because she had a laceration of the cervix. The laceration might have been due to the passage of a fibroid tumor.

The presence of milk in the breasts has been considsidered proof of pregnancy but it may occur in virgins and in old women and rarely in men. Some women have a secretion of milk at each menstrual epoch. On the other hand, pregnancy may proceed to term without any secretion of milk. An increase in the size of the breasts may be due to fat and not to true glandular tissue.

The disturbances of early married life, apprehension, etc., may cause amenorrhea so that the missing of one menstrual epoch is by no means a certain sign of pregnancy. To Hegar's sign of softening about the uterus, Dr. Van Preyma did not attach much value. The placental murmur, now properly called the uterine souffle, and the Brackston Hicks sign are not positive evidences of pregnancy. The latter especially could probably be produced by the excitation of uterine tissue by a rapidly growing myoma.

With regard to labor itself, the anterior wall of the uterus is often mistaken for the membranes. An elongation of the head, the presence of a large caput succedaneum and the considerable distance on the lowest part of the face to the engaging diameter in face presentations, all tend to give the impression that labor is far advanced and may lead to the premature application of the forceps. The sutures and fontanelles which are usually spoken of in text-books as distinct indications of presentation and position are very puzzling even to experienced observers. The overlapping of the bones may obscure the sutures and fontanelles and large spaces in the sagittal suture or the meeting of the lambdoid and sagittal sutures with an intra-occipital suture, which is occasionally present, may simulate the lozenge shape of the anterior fontanelle. The lateral fontanelles behind the mastoid processes have also been mistaken for the anterior fontanelle.

The discussion was quite general and showed high appreciation of the paper. Several gentlemen of large experience confessed their inability to derive much information from feeling the fontanelles and sutures. The opinion was expressed quite gensrally, however, that only a tyro would be likely to mistake the thinned out cervix for the membranes. One of the members related a number of interesting errors of which he had known. A prominent surgeon, for instance, invented a urethrotome and on taking charge of a hospital ward in Philadelphia found and operated on strictures high up in the urethra of almost every patient. These strictures were afterward concluded to depend on the normal resistance of the triangular ligament to the passage of the sound. A distinguished gynecologist and obstetrician had cut down on the pregnant uterus thinking he had to deal with a tumor. A pathological society had been presented with a specimen of patulous foramen ovale in the heart of an infant two or three days old, only two of the members present appearing to know that the condition was normal till two or three or more weeks after birth. With reference to amenorrhea with suspicion of pregnancy, Dr. Bartlett thought that the very marked apprehension which some unmarried females showed was in itself an indication of pregnancy.

Chicago Letter.

Editor Medical Review.—

Public Health.—While the Board of Health may be doing all within its power to render the sanitary condition of the city better, still the uncleanliness to be met with in many localities is to be deplored. The recent heavy rains have demonstrated one of two facts; either the sewerage system is incompetent or the filth is so abundant, that which should be carted away, that it chokes up the inlets of the sewers. Too often are the small vacant lots made the dumping ground of all kinds

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of offal, the decomposition of which is a factor in the production of many diseases. In many localities too there are to be found great pools of stagnant water from which these arises an odor equal to any slough in the Missouri river bottoms. These pools of stagnant water are, as a rule, in districts, inhabited by the poor, and thus all the more danger of disease as a result. In view of the approaching hot season and the danger to health which in a large city, even under the most favorable circumstances, is a result of it; the city should be protected by every sanitary precaution. It seems that it would be better for Chicago, owing to its being so level, to extend its boundaries only so far as it can properly drain, pave and render in a degree pleasantly inhabited.

Another thing the city's guardians should pay closer attention to, is the condition of the tenement houses inhabited by the poorer classes. These houses, many of them, are unfit for human habitation; they should be condemned and after due notice to owners, destroyed. Recently on South State Street a frame tenement house from the rotten condition of foundation and supports, fell down—luckily none of the inmates were injured. In tearing down these death traps, the protestations of property owners should be ignored, and the public health and welfare alone be considered.

Let the physicians of this city demonstrate to the people, through the Board of Health, that disease has more often for its cause, than any other, improper sanitary protection, then they will give their hearty support and Chicago will undergo a transformation.

Acute General Articular Rheumatism.—The salicylates are undoubtedly the remedy par excellence in the above disease. I wish to mention a combination recommended by a well-known author, which in my hands has proven unusually successful:

℞ Sodium salicyl., - - - - - ℥j.
Pot. acetat., - - - - - ℥ij.
Tr. colchicum rad., - - - - ℥ij.
Aquæ gaulth., - - - q. s. ad ℥viij.
Misce et signa.

One to two tablespoonfuls three times per day.

I usuall give in conjunction with this pot. iod., and use either, co. chloroform liniment or opium and lead liniment, locally.

Two Comparatively New Preparations.—I wish to call the attention of the medical profession to Dioviburnia and Neurosine, two remedies which are being used with great success. Dioviburnia is a uterine anodyne, antispasmodic and tonic. It is an excellent preparation in the treatment of dysmenorrhea, menorrhagia, etc. I have used it with success in severe after pains of labor. It is undoubtedly worthy of the notice of all progressive physicians.

Neurosine is one of the best combinations of nerve sedatives I have yet found. It is a perfect solution, very palatable, and a good thing in the treatment of those diseases where nerve sedatives are especially indicated. H. S. J.

Musical Anus.

Editor Medical Review.—I read with interest and amusement the abstract in the Review of May 28, of Dr. Baudouin's case of "musical anus."

It recalls to my mind a similar power developed, though, to a less degree, in a boy playmate of mine. He was a healthy lad about fifteen years of age.

By assuming the genu-pectoral position he could relax the sphincter ani, draw into the rectum a quantity of air and then by contracting the diaphragm and abdominal muscles, expel it in installments and with considerable variation in tone—regulated by the force exerted by the above mentioned muscles and degree of rigidity of the sphincter.

He was in the habit of giving exhibitions of this kind for the amusement of boy associates.

This opening and dilating of the rectum is much like the "ballooning" of the vagina in women and I have wondered if the genu-pectoral position could not be advantageously employed in making more thorough examinations in diseases of the rectum.

It is probably true that the "musical anus" will be of interest to medical men from a physiological point of view only.

There are points regarding it however that might be interesting to other branches of science.

When Charles Darwin traveled as naturalist in Her Majesty's Ship, Beagle, to South America and the Cape De Verde Islands, he discovered the peculiar fact that the cuttle fish had the power of drawing in and ejecting a jet of water from a tube or siphon on the under side of its body.

Could Darwin have seen Dr. Baudouin's man in his sea-bathing act of ejecting water from his rectum, well might he have thought that he had discovered another link in the chain of evolution. But it is a feeling of patriotism that prompts me to write of my own case of "musical anus." As the one referred to in the Review was a foreigner, I take some pride in giving proof of the fact that America is not much behind her neighbors in the appreciation and development of the human wind instrument and in the possession of talent that may do much for the advancement of the art and science of this branch of music.

Argyle, Winnebago Co., Ill. J. E. Allaben, M.D.

Trichinosis.—In a paper on this subject, Dr. C. W. Macdonald states (Boston *Med. and Surg. Jour.*) that, in a recapitulation of this subject, the following facts may be gleaned:

1. Necessity of thorough cooking of pork before eating.

2. Necessity of a true history in disorders simulating typhoid fever or diarrheal troubles.

3. Speedy microscopical examinations of suspected pork.

4. Tonics and alcoholic stimulants.

5. Imprudence of a sudden or premature arrest of alvine evacuations.

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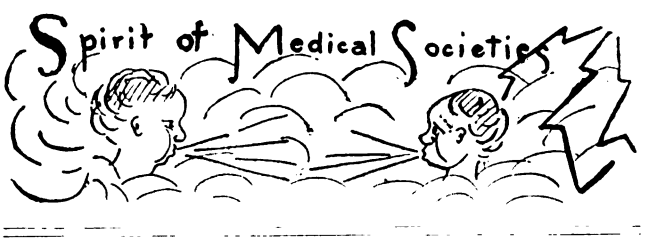

Report of 2,012 Cases of Alcoholism, of Which 87 Were Maniacal.—Dr. T. S. Latimer, of Baltimore, read a paper before the Association of American Physicians (*Medical Record*), giving a brief history of 2,012 cases of alcoholism, less than one-half of which he had reported in a previous paper. Eighty-seven of the total number were maniacal. Nearly all of the patients were arrested for drunkenness or misconduct of some form due thereto. They were what were termed by jailers as "regulars." Some of them were addicted to the use of cocaine, chloroform, and other stimulants besides alcohol. It was apparent that they were a very unfortunate class of cases to treat, having been badly fed, badly clothed, badly housed, addicted to stimulants, often suffering from other diseases. Almst invariably they begged piteously for drink, which, however, was invariably refused. None remained delirious longer than five days. The average time before they were able to do what little work that was required of them was two days. By the second night they almost invariably could sleep well. Except in a very few instances the only drug given was bromide of potassium. The good result, however, was not attributed so much to the drug as simply to the withdrawal of alcohol, which was absolute and from the very commencement. No restraint was put upon the patients farther than to keep them shut in their cells.

The conclusions were:

1. That the clinical phenomena attending the excessive use of alcohol were the direct result of the stimulant, and were not due to abrupt withdrawal of it.

2. That the desire for the stimulants almost uniformly persisted.

3. That alcohol in any form or quantity was unnecessary in the treatment of such cases, and was usually harmful.

4. That absolute and immediate withdrawal of alcohol was of the first importance in treating the symptoms due to its use.

5. That forced feeding was rarely necessary.

6. That placing the patient in any kind of bands was unnecessary.

Prognosis in Alcoholism.—This was the subject of an address by Dr. Thomas Barlow at the closing meeting of the Islington Medical Society. Dr. Barlow took a more favorable view of the prognosis of such cases than is commonly taken, and, indeed, expressed strong disapproval of the mood of pessimism in which such cases are generally regarded. He based his argument largely on cases of alcoholic neuritis as seen more frequently in women than men. After describing the grave lesions in the nerve structure in such cases, and emphasizing the fact that the healthy structure often returns, and with it the lost function, he proceeded to argue that the lesions of cirrhosis even should not be regarded as incurable. Striking cases of recovery were given by Dr. Barlow, Dr. Stokes, Mr. Teale, and others. The great points in the treatment of such cases were three: first, the entire abandonment of the irritant causing the disease—*i. e.*, alcohol; secondly, good feeding and fresh air; and, thirdly, the action of time.

On Some Non-Valvular Heart-Murmurs was the subject of a paper read before the American Medical Association by Dr. N. S. Davis, Jr., of Chicago, (*Ex*). Non-valvular heart-murmurs may give the same physical signs as valvular ones, the same changes also in the size and position of the heart. Not infrequently we have cough, dyspnea, vascular disturbances, edema, urinary changes, etc. He related the histories of several cases in which the autopsy showed the cause of the murmurs to be old and tenacious decolorized clots in the ventricles and entangled among the chordæ tendinæ. In one case there was an old calcified plate of connective tissue (the result of a former pericarditis) in the pericardium. The murmur in this latter instance was probably due to irregular muscular contractions in the ventricular walls, causing various eddies in the blood-current. Anemia also caused murmurs not distinguishable in their physical characteristics from those of valvular lesions.

Raynaud's Disease Associated With Hereditary Syphilis.—Mr. F. Marsh showed the Midland Medical Society a boy, aged 12, with a phthisical and doubtful syphilitic family history. Twelve months ago he fell down "as if in a fit," not epileptiform, and was unconscious for seven hours; since then he had had several similar but milder attacks. His mental condition has always been weak, and he had had nystagmus for two years. February 26, 1892, the three inner toes on each foot suddenly became cold and blue, and a week later, he was brought to the Queen's Hospital with these toes in a gangrenous condition. The circulation in the hands and nose was bad, but fairly good in the ears. He had well-marked nystagmus; his teeth were almost typical of hereditary syphilis, and his patellar reflexes were exaggerated. After admission he rapidly improved, the only treatment being warmth, good food, and small doses of opium. He was discharged March 6, having only lost the tips of the two inner toes on the left foot, and the nail of the right great toe. After his discharge he went on well until March 27, when all the toes on each foot again suddenly became cold and blue. He was readmitted March 30, the toes then apparently being in a hopeless condition. Again he rapidly improved under similar treatment, and when shown April 8, the toes had almost regained their normal condition, except that a little more of the soft parts of the toes previously ulcerated had sloughed away.

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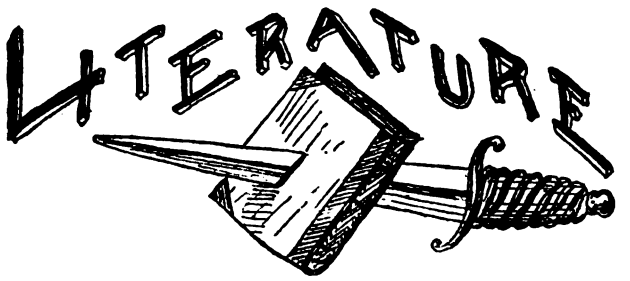

Transactions of the Southern Surgical and Gynecological Association. Vol. IV. Fourth Session, held at Richmond, Va., March 10-12, 1891. 8vo., pp. 376. [Published by the Association. 1892.

This is pre-eminently an age of medical societies. We find them existing everywhere and a further tendency which has been observed is the rapid multiplication of special associations in which there exists a limitation in regard to the subjects treated of and discussed. Among those of more recent growth is the Southern Surgical and Gynecological Society, which has proven a most marked success. Its meetings are not only attended by bright and prominent members of the profession, but earnest solid work is done by them as is well exemplified in the record which is before us.

The name of this Association might prove misleading to those unacquainted with its aims and purposes. The membership is by no means limited to the surgeons and gynecologists of the South. Far from this; a goodly share of the membership is composed of Northern men and the only Southern peculiarity attached to this Association lies in the places where meetings are held. The object of the founders has been to demonstrate that good work can be fostered and can be brought out in the South and we are pleased to confess that, so far, the proof has been both complete and ample.

In the volume before us we are presented with thirty-one papers to which are appended the discussions held thereon. All of the papers have already been published in medical journals, but gathered together as they are in this volume they acquire an increased interest and more especially in connection with the remarks which have been elicited in connection with them. One of the features of the transactions is certainly the presidential address by Dr. Lewis S. McMurtry. The subject chosen by him was "A Plea for Progressive Surgery," and the manner in which he has handled his subject shows him to be a man of thought who is thoroughly logical and consequential in his utterances. It is a paper which could be read with profit by many self-styled "conservative" surgeons.

Considered from a purely mechanical standpoint this volume is a veritable "edition de luxe." It is, and rightfully, a source of pride to the members and a credit to American Surgery. Dornam has fairly out done himself and all who are acquainted with the quality of his work know what this means.

Before closing this review we desire to render "honor to whom honor is due." There is no more indefatigable worker, no more capable member, and no one who has done more good work for this Association than its Secretary—Dr. W. E. B. Davis, formerly of Birmingham, Ala., of Rome, Ga., now. It is mainly due to his efforts that the Association has been so well organized and he has devoted much attention and done the major portion of the work in the issuance of the transactions. We will certainly look forward to the next volume with pleasurable anticipation.

Case of Primary Ventricular Hemorrhage.—Dr. Johnstone (Ilkely) read notes to the Leeds and West Riding Medico Chirurgical Society, of this case. The patient was a man, aged 22. Previous health and family history good. On March 27, 1891, he had a slight accident to his head in the football field. His friends thought him irritable after this. He did his usual work until June 6, when he felt giddy, and stumbled in going upstairs. After this he walked home about 300 yards. About an hour after he vomited and fainted, remaining unconscious nearly an hour; again vomited. When seen three hours after the attack he was conscious, but complained of severe headache. After a restless, delirious night he had convulsions, became comatose, and died in eighteen hours. On post-mortem examination general congestion of vessels on the surface of the brain was found. Blood clots in all the ventricles; left lateral ventricle practically filled, that in the fourth most recently formed, and about the size of a filbert. On the under surface of the left frontal lobe there was a small patch of softened brain tissue, separated from the ventricle by healthy brain tissue. No clot found anywhere in the brain substance. Dr. Johnstone thought the fourth ventricle had filled with blood by gravitation, due to the dorsal position of patient. Cases of this kind were referred to by Gowers and Fagge; the most complete paper on the subject was by Sanders in the *American Journal of Medical Sciences* for 1881.

Permanganate of Potash in Phosphorus Poisoning.—Permanganate of potash having been found by Dr. Antal, by experiments on animals, to act as an antidote in acute phosphorus poisoning, Dr. Hajinos has employed it with apparent success in some cases which recently came under his care in the Rochus Hospital, Buda-Pesth. One case was that of a patient who drank a solution of phosphorus made from two boxes of matches and was immediately brought into hospital. The stomach was washed out and within half an hour of swallowing the poison Dr. Hajinos introduced 500 grammes of a $^1/_{10}$ per cent solution of permanganate of potash into his stomach. There was no vomiting or pain, and the next day, as the man felt quite well, he left the hospital, and nothing more was heard of him. The stomach was washed out within half an hour of the phosphorus being taken.

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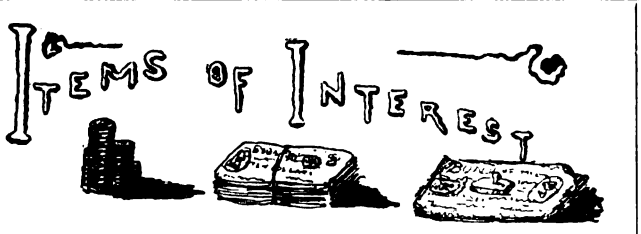

The American Association of Andrology and Syphilology will hold its sixth annual meeting at Richfield Springs, New York, June 21 and 22, 1892.

Salicylic Acid, administered in eight-grain doses every hour until five or six doses are taken, and followed by a large dose of castor oil, is said to be an effective remedy for tape-worm.

Professor von Ziemssen, of Munich, editor of the well-known *Cyclopedia of Medicine*, has had the Star and Cross of a Commander of the Franz Josef Order conferred on him by the Emperor of Austria.

The Metric System.—In the new United States Pharmacopeia, now in course of preparation, the metric weights and measures will be adopted throughout, to the entire exclusion of the English weights and measures hitherto used.

A Single Child, sent to school before complete recovery from scarlet fever in one of the arrondissements of Paris, was clearly shown to have been the direct cause of one hundred and fifty other cases of that disease with eighteen deaths.

French Congress of Surgery.—The questions proposed for discussion at the next meettng of the French Congress of Surgery in Easter week, 1893, are the following: 1. Fibrous Tumors of the Uterus; 2. Surgical Treatment of Tuberculous Affections of the foot.

A Hoffmann Institute.—A committee of the German Chemical Society, of which the late Professor von Hoffmann was president, has resolved to honor his memory by founding a "Hoffmann Institute" in Berlin, to serve as a center for efforts of all kinds in the province of scientific and practical chemistry.

A Doctor Expresses his Sentiments.—A physician, of Brussels, has got himself into trouble (*Med. Rec.*) by going to a variety show and giving utterance to his disapproval of certain improprieties of the ladies with short skirts. The audience did not appreciate the timeliness of his remarks and proceeded to turn him out. He resisted and a general row ensued which resulted in the doctor being locked up for the night and fined 150 francs for disturbing the peace, in addition to having to pay the proprietor of the show for the damage done to furniture and beer-glasses.

Cholera in India.—There appears to be a good deal of cholera in India at the present time. Cases of the disease have manifested themselves at many places widely separated from one another. It is reported to be of a virulent type at Ferozepore. Several deaths from cholera have occurred among Europeans at Delhi.

A True Believer.—Mr. C. G. Dahn, of Huntington, advertised recently that he could prove that in spiritualism is a remedy for all pain. He proposes to place himself under the surgeon's knife, and allow himself to be cut open, his heart removed, his lungs cut in halves, and other dismemberments made to prove that he is right.

Cholera Infantum and Diarrhea.—The Boston Board of Health has issued a circular, printed in English, Italian, Hebrew and Russian, to be distributed in different parts of the city where cholera infantum is most found, giving simple directions for the care of milk, as follows: The milk must be kept fresh. As soon as the milk comes, put it in a glass bottle; put the bottle in the kettle with a block of wood under it to prevent the bottom coming in contact with the kettle; put water enough in the kettle to come half-way up the side of the bottle; heat the water as hot as possible without boiling; then take the kettle from the fire and cork the bottle; let the bottle remains in the kettle for half an hour; then put the bottle in a cold place. This makes the milk safe without boiling. If possible, use a rubber stopple instead of a cork. The bottle and the stopple must be cleansed every day with boiling water.

Forceps and Dynamite.—Cases in which the life of a woman is saved by the timely application of forceps are common enough in every general practitioner's experience, (*Lancet*) but few medical men can have had so much reason to congratulate themselves on their promptitude in assisting Nature in this way as Dr. Loviot, of Paris. That gentleman recently informed the Paris Obstetrical Society that on the night of Saturday, March 26, he was called to a primipara in the Rue de Clichy. The head had been two hours on the perineum, and things being at a standstill Dr. Loviot, in accordance with the teaching of Professor Pajot, applied the forceps. After seeing to the mother and child he left the house. An hour later a dynamite explosion occurred in the immediate neighborhood, and the floor of the room in which the confinement had taken place fell in. The patient had fortunately been moved into another room shortly before. In the morning Dr. Loviot found her comfortably settled in the house of a midwife in the same street. Both mother and child did well notwithstanding the thrilling experiences they had gone through. Dr. Loviot says that strict adherence to M. Pajot's rule always to apply the forceps when the child's head has been two hours on the perineum in this instance saved the lives of seven persons.

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The Doctor's Weekly has increased its size to twelve pages.

The Indian Medical Record estimates the amount of opium exported to China from India at eleven million pounds.

A New Ophthalmological Clinic, which is stated to be one of the best equipped in France or elsewhere, was recently opened in the University of Montpellier.

A Telegram from Calcutta, under date of May 23, says that cholera in a severe epidemic form has appeared in the Cashmere Valley, and 206 cases with 146 deaths were reported from Srinagar the previous day.

Princess Christian has consented to lay the foundation stone of the new British Home for Incurables, at Streatham, on the afternoon of Saturday, July 16, when invitations to a garden party will be issued by the President and the Committee.

A Good Joke.—President Inches in his address to the Nebraska State Medical said that "The editor is of an necessity an expositor" and the reporter for one of the papers of the daily press had it "The editor is by necessity an impostor." So says the Omaha *Clinic.*

Professor Cesare Federici.—Tuscany has lost her leading consultant in Dr. Cesare Federici, who died in the Villa Sarde at Maiano on Sunday, the 29th ult. His end had been manifestly approaching for some time back; he himself anticipating it even whilst his intimate friends, who, loth to lose him, continued to hope against hope for his recovery.

Railway Servants' Hearing.—Dr. Kirchner, Professor of Otology in the University of Wurzburg, has been appointed by the directors of the Bavarian State railways to test the hearing of the men in their employment. In appointing a distinguished specialist to this office, the Bavarian Railway Department has shown a regard for its own interests and for the safety of those who travel by its lines which might well be imitated by our own railway companies.

The American Academy of Medicine elected the following officers at its late meeting:

President.—Dr. Justin E. Emerson, of Detroit, Mich.

Vice-Presidents.—Drs. Thomas F Moses, of Urbana University, Ohio; Charles Denison, of Denver, Col.; Silas D. Presbrey, of Taunton, Mass.; Herman B. Allyn, of Philadelphia.

Treasurer.—Dr. J. Cheston Morris, of Philadelphia.

Secretary.—Dr. Charles McIntire, of Easton, Pa.

Assistant Secretary.—Dr. Edgar M. Green, of Easton, Pa.

Professor E. D. Campbell, in charge of the department of qualitative analysis in the laboratory of the University of Michigan, had both eyes destroyed April 13 through the explosion of a mixture of oxygen and hydrogen.

Dr. John Farrand Hamilton, for many years a prominent physician of Salt Lake City, Utah, died April 9, 1802. He was born at Marbledale, Litchfield County, Connecticut, December 22, 1830, and graduated in medicine at Rush Medical College, Chicago, in 1854.

The Inebriety Cure in London.—Dr. Keeley has taken his "cure" to London, and after consultation with a certain Texas colonel, of sporting and political fame, has decided to submit his treatment to the critical examination of Mr. Henry Labouchere, editor of a weekly newspaper! This is a pleasant and modest way of finding the truth.

The Russian Government is giving its attention to the cheapening of medicines. The official maximum tariff for compound remedies has lately been subjected to strict revision, and it is now announced that the Medical Council has recommended the establishment of Government factories for the manufacture of pharmaceutical preparations.

Cheap Quinine.—The Bengal Government has undertaken to place supplies of good cheap quinine within the reach of the poorest riots. The drug is now being turned out in large quantities at the Darjeeling Factories, and according to the new scheme it will be put up in packets containing 5 grains each, and sold at a pice a packet. These are to be obtainable at all post and public offices, police thannas, and Government dispensaries.

A Medical Princess.—A Myingoondine princess, grand-daughter of the late Mindoon Min, King Theebaw's predecessor, is studying medicine at the Rangoon Hospital, with the view of qualifying herself to practice among her Burmese fellow-countrywomen. The princess, with other members of King Mindoon Min's family, was rescued from captivity by the British occupation of Burmah in 1885.

Color-Blindness in the Navy.—A court of inquiry has made an instructive report (N. Y. *Med. Jour.*) regarding the causes of the grounding of the United States steamer Alliance in the harbor Yokohoma. It was proved that the color-blindness of a lieutenant who had entered the service as a cadet midshipman as far back as 1867 was the cause of the accident. In endeavoring to take the vessel out of the harbor this officer did not distinguish properly the danger lights surrounding the breakwater. This mishap resulted in the discovery of the lieutenant's visual defect and will, it is said, lead to his retirement.

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There is one Negro and one Japanese among the students at the New York Post Graduate School of Medicine.

Professor Klebs has declined the Chair of Pathology at Chicago, which was recently offered him, and intends to settle at Karlsruhe.

The Eleventh Aannual Meeting of the South Dakota State Medical Society was held at Salem, South Dakota, on Wednesday, Thursday and Friday, June 8, 9 and 10, 1892.

A Liberal Offer.—The MEDICAL REVIEW will be sent to non subscribers for the balance of the year at the exceedingly low price which is mentioned on the slip inclosed in this issue. All should avail themselves of this unparallelled offer.

Dr. A. J. Kosheffnikoff, Professor of Special Pathology and Therapeutics in the University of Moscow, has presented to that University his collection of specimens illustrating diseases of the nervous system. The collection is intended to be the nucleus of a neurological museum. Professor Kosheffnikoff has also given a sum of 3,000 roubles, the interest of which is to be applied toward the maintenance of the museum.

A Discontented Doctor.—The *Berliner Tageblatt* recently contained the following: "I have read with envy and some indignation that the corn porters of Berlin, who are now earning from ten to twelve shillings a day want to strike for higher pay. Would that instead of being a Berlin doctor I had been a corn porter." The communication was sent to the paper by a young doctor of three years' experience in the profession.

The Sixteenth Annual Meeting of the British Medical Temperance Association was held on Tuesday last in the rooms of the Royal Medical and Chirurgical Society, 20 Hanover Square, W. The President, Dr. B. W. Richardson, took the chair at 5 P. M. The annual report was read by the hon. secretary, Dr. Ridge, and showed the total number of members in the United Kingdom to be 415, and of associates eighty-one, the latter being medical students.

The Danger of Celluloid Buttons.—Professor C. Vernon Boys, of England, reports the case of a lady, standing near a bright fire, who suddenly found herself enveloped in smoke. A gentleman who came to her rescue succeeded in crushing the ignited portion of her dress, not, however, without severely burning his hand. On investigation the fire was found to have orig inated from a spot where a large fancy button had been, but had disappeared. Similar buttons were subsequently examined, and were found to be highly inflammable, being made of celluloid.

Dr. R. N. Tooker, of Chicago, advocates bicycling for girls. We (*N. W. Jour. Hom.*) are free to say that from the experience already had, we do not. We do not consider it a proper exercise for girls, and have seen at least one case where irritation of the clitoris thus induced led to the habit of masturbation. It may be the coming fad for women to ride "straddle," just as it is for them to wear their party dresses too short at the top, but just the same it is unhealthy and many consider it indecent.

Medical Education of Women in Russia.—The Russian Imperial Council has by a large majority decided on the establishment of a Medical Institute for Women in St. Petersburg. The Municipal Council will contribute £16,000 for the purpose, the Ministry of Public Instruction £7,000, the Ministry of War £8,450, and the Society for the Maintenance of Medical and Pædagogic Instruction £250. The municipal authorities will besides give the site, both for the school and for the clinics in connection with it.

Medical Congress in Mexico.—The first Medical Congress in the Mexican Republic will be held at Mexico from December 6th to 10th, 1892. The work of the Congress will be done in fourteen sections, as follows: Anatomy, Medicine, General Surgery, Syphilography, Neuropathology and Psychological Medicine, Ophthalmology, Surgery of the Urinary Passages, Therapeutics and Pharmacology, Obstetrics and Gynecology, Hygiene and Bacteriology, Forensic Medicine, Military Medicine, Pharmacy, and Veterinary Surgery.

Dr. Gustav Radeke, one of the most popular and successful physicians in Rhode Island, died June 11, after an illness of only a few weeks. Few men have made themselves more popular and esteemed by their patients and associates than Dr. Radeke. He was a man of exceptionally good qualities, of keen perception, and great executive ability. His affectionate and sympathetic nature combined with his strong intellect, skill and learning made him rightly entitled to the rank he held at the head of his profession.

Wanted.—The following is wanted according to the *Pacific Medical Journal*: A middle aged gentleman of portly bearing, suave manners and benign countenance, to fill the Presidential seat in the University of California, which the accumulated dust of two years now covers. An Easterner preferred, but a Californian of noble and ancient pedigree will do. No experience or executive ability needed; as the Secretary will, under direction of the Board of Regents, attend to all the gubernatorial duties of the office, and strong individuality or a supersensitive conscience would positively disqualify. Applications, which in every instance must be accompanied by first-class testimonials of aspirant's meekness, obedience and pliability, should be sent to the Secretary before the next meeting of the Board.

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The Austin District Medical Society held its nineteenth quarterly meeting in Medical Hall, Austin, Texas, Thursday, June 23, 1892.

The Medical News is called a "journalistic treasure house of bad eggs" by the New England *Medical Gazette* (homeopathic). Gould has evidently not won golden opinions from the little-pill brethren.

Dr. B. Merrill Ricketts, of Cincinnati, is at present engaged in translating the work of L Ollier, Surgeon in Chief of the Hotel Dieu, of Lyons, the title of which is, "The Experimental and Clinical Study of the Regeneration of Bone and of the Artificial Growth of Bony Tissue."

Medico-Legal Society of Chicago.—At the annual meeting of June 4, 1892, the officers of the Society for the previous year were re-elected, and are as follows: President, Judge Oliver H. Horton; First Vice-President, Dr. Daniel R. Brower; Second Vice President, Dr. James Burry; Treasurer, Dr. Jos. Matteson; Secretary, Dr. Archibald Church.

The Indiana State Medical Society.—The forty-third session of the State Medical Society was attended by over four hundred members, three hundred and fifty registering: The officers elected are as fol lows: President, George Beasley, Lafayette; Vice-President, C. H. Smith, Lebanon; Treasurer, J O. Stillson, Indianapolis; Secretary, E. S. Elder, of Indianapolis; Assistant Secretary, N. N. Shipman, Seymour.

Another Side of the Story.—A lady asked a poor mother how her children were fed, and had this for her reply (*Popular Medical Monthly*): "They do not eat much, and what they do eat is not sufficient to nourish them without gin and water. It is scanty vegetable fare." The lady, after pointing out the pernicious effects likely to follow from such a regimen, advised her to purchase a little animal food with the money expended in gin, and give the children water to drink. "Lord, ma'am," replied the poor woman, "if I was to do that I should never be able to satisfy them in these hard times. I was used to give them water, but then they was always hungry, and I could not beg or buy victuals enough for them."

Glasgow Medico-Chirurgical Society.—At the annual meeting of this society Dr. Joseph Coats was elected President for the session 1892 3, Mr. Henry G. Glark, Treasurer; and Dr. Walker Downie, General Secretary. Among the other officers elected were the following sectional Vice-Presidents and Secretaries: Medicine: Dr. Middleton, Vice President, Dr. D. O. Hawthorne, Secretary; Surgery: Dr. W. J. Fleming, Vice-President, Dr. John Barlow, Secretary; Pathology: Dr. J. L. Steven, Vice-President, Dr. R. M. Buchanan, Secretary; Obstetrics: Dr. Samuel Sloan, Vice-President, Dr. Lawrence Oliphant, Secretary.

Dr. Jacob Moleschott, Professor of Physiology in the University of Rome, and member of the Italian Senate, will complete his seventieth year on August 9, 1892. Dr. Moleschott, notwithstanding his almost lifelong connection in Italy, is still claimed by his countrymen as a Dutchman *in succo et sanguine*, and a committee representative of the profession in Holland has been formed under the presidency of Professor B. J. Stokvis, of Amsterdam, to celebrate the event.

The Correspondence of the Insane.—Among other wonderful things done by the late Legislature of New York, was the enactment of a law prohibiting "the opening or reading of certain letters written or received by the inmates of insane hospitals and asylums by those in charge thereof, and providing for the delivery of the same."

This bill was lobbied through by a lady (*Med. Rec.*) who had at one time been unfortunate enough to suffer from an attack of insanity, and who represents a curious organization called the Anti-Kidnapping Society. The bill provided that every lunatic should have the opportunity once in three months of choosing a correspondent with whom he or she could communicate weekly. The letters sent and received must not be opened nor examined.

The bill was unnecessary, harmful, and absurd; but it nevertheless passed both houses. A very forcible brief was drawn up by Dr. A. E. Macdonald and presented to the Governor. Protests from various other sources were received and the bill was fortunately vetoed.

British Medical Association.—The sixtieth annual meeting of the British Medical Association will be held at Nottingham on Tuesday, Wednesday, Thursday, and Friday, July 26, 27, 28, and 29, 1892.

President.—John Roberts Thomson, M.D., F.R.C.P., Consulting Physician Royal Victoria Hospital, Bournemouth.

President-Elect.—Joseph White, F.R.C.S Edin., Consulting Surgeon Nottingham General Hospital.

President of the Council.—W. Withers Moore, M.D., F.R.C.P., J.P., Consulting Physician Sussex County Hospital.

Treasurer.—Henry Trentham Butlin, F.R.C.S., Assistant Surgeon to Bartholomew's Hospital, E.C.

An address in Medicine will be delivered by James Cuming, M.D., Professor of Theory and Practice of Medicine, Queen's College, Bedfast.

An Address in Surgery will be delivered by W. H. Hingston, M.D., Montreal, Canada, Surgeon-in Chief, Hotel Dieu, Montreal, Professor of Clinical Surgery, Laval University.

An Address in Bacteriology will be delivered by Germain Sims Woodhead, M.D., F.R.C.P., F.R.S.E., Director Research Laboratory Conjoint Board of Royal College of Physicians and Royal College of Surgeons, England.

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Dr. Effie M. Obermiller, of Toledo, Ohio, was recently sued for malpractice by Miss Amanda Bigler. The trial of the case lasted nearly a week, and resulted in a verdict for plaintiff in the sum of $8,750.

A State Asylum for Epileptics.—One thousand epileptics are expected to enter the Asylum for Epileptics now being erected at Gallipolis, O. This is said to be the first institution of this kind erected in this country.

Asiatic Cholera in Persia.—A telegram received from Meshed states that a Rusaian doctor, who returned to that town on May 18, from Turbeti-Sheikh-Djami, a small town 100 miles south-east of Meshed, on the frontier between Afghanistan and Persia, reports that Asiatic cholera has broken out there. The mortality, however, was slight, the number of deaths from May 10 to May 14, being 13. Three deaths from Asiatic cholera occurred on May 17 at another small place 60 miles from Meshed.

A Statue to Ricord.—The world owes a debt of gratitude to the man, who by his labors in the investigation of syphilitic diseases, confirmed (in 1838) Benjamen Bell's views (dating from 1793) as to the non-identity of gonorrhea and syphilis. It is not to be expected that Ricord's name and fame would be allowed to remain unrecognized, and the Paris Municipal Council have authorized the placing of his statue on a spot in the Boulevard de Port-Royal, exactly fronting the Hopital du Midi, the scene of his labors and teachings for thirty years. The statue, due to the chisel of M. Barrias, is now on view at the Salon. Its existence is due to the committee who undertook the charge of a subscription raised by his pupils and friends.

Conviction Under the Age of Consent Act.—The *Indian Medical Record* reports the first prosecution under the Age of Consent Act in the Bombay Presidency. The accused was Atmaran Rangnath, belonging to the coppersmith caste. He was charged with having committed an offence under Section 375 of the Indian Penal Code as amended by the Age of Consent Act, on the person of his wife Chandrabhaga, a girl of eleven years. The prosecution was instituted by Sadasiv Jayaram, the girl's father. The evidence of Drs. Burke and De Mello and of Dr. (Miss) Bernard went to show that the girl was certainly under twelve years of age; that the offence charged had been committed upon her; and that she was suffering from a very loathsome disease, communicated to her by her husband. The Sessions Judge, agreeing with the verdict of the majority, and taking into consideration the recommendation to mercy, and the fact that the present case was the first prosecution under the new law, sentenced the prisoner to three months' simple imprisonment, and to pay a fine of three hundred rupees. Prisoner is about forty-one years old, and has grown-up daughters and several grand-children.

A Curious Family History.—A physician, examining an applicant for life insurance in Louisville a few weeks ago (*Practice*), was given the following history: The applicant's father died at the age of fifty from injuries sustained by the "kick of a mule," and the mother was "poisoned" by "taking the wrong medicine." We believe this family history somewhat out of the ordinary! It may be interesting to know that the applicant was given a policy.

The So-Called Bichloride of Gold Craze has extended to the Allopaths of San Antonio (*South. Jour. Homeop.*). There are three "Institutes" in this city now, one being operated under the "medical directorship" of a member of the Homeopathic profession, and two being operated under the "medical directorship" of physicians formally of good standing in the old school. One of the latter had the manhood to withdraw from the local society before he engaged in the secret nostrum business, and we understand charges of unprofessional conduct have been preferred against the other. None of the "Institutes" seem to be doing anything and the prediction is freely made that the physicians now engaged in the business in this city will be wanting each other to engage in a mutual ischial tuberosity thumping before the summer is over.

Advertising Doctors, Beware!—Mr. T. R. Allinson, the unscrupulous anti-vaccinator, who taught parents how to elude the Vaccination Laws by various more or less disreputable subterfuges; who posed as the apostle of "prevention versus cure," and labelled his professional brethren "wholesale poisoners" because they prescribed remedies which, in excess, are poisonous—Mr. Allinson, who for years has furnished "advice gratis" to the egregious readers of a certain popular weekly publication, availing himself of the opportunity to puff himself and belie his brethren—Mr. Allinson is, professionally, no more (*Hospital Gazette*). For years we have been receiving letters of indignant remonstrance at the impunity with which he carried on his discreditable system of advertisement and touting, and for years we have deplored the fact that conduct which was a scandal to the profession and an outrage on the public was allowed to continue unchecked and even unreproved. At last Nemesis has overtaken him in the shape of the Medical Defence Union, which, under the skilful guidance of Dr. Bateman, has at last brought his sins home to him. Mr. Allinson has been found guilty of discreditable practices constituting infamous conduct in a professional respect, and his name has been erased from the *Medical Register*.

It is probable that he will go on practicing as before. He need not necessarily be a penny the worse for professional ostracism, the more so as he can easily persuade the gullible persons, on whom he relies for his harvest of fees, that he is a martyr to science, and that he has been immolated at the shrine of professional jealousy.

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Leg Ulcer.—Dr. Weismueller praises the action of a dusting powder thus composed:

℞ Acid. salicyl., - - - - - ℈iv.
Acid. borici, - - - - - ℈ij.
Zinci oxidi, - - - - - ℥ss.
Amyl.,
Talc., - - - - - - aa ℥v.
M.

Incontinence of Urine.—The following is given in the *Med. and Surg. Rep.*:

℞ Tinct. nucis vomicæ, - - - ℥vj.
Ext. damianæ fl., - - - ℥ijss.
Glycerini, - - - - - ℥iv.
M.
Sig. A teaspoonful three times a day, after meals, in a wineglassful of water.

Pruritus Ani.—Dr. S. G. Gant, of Kansas City, has found the following lotion to afford much relief:

℞ Sodii biboratis, - - - - - ℥ij.
Morphinæ hydrochloratis, - - gr.xvij.
Acidi hydrocyanici diluti, - - ℥ss.
Glycerini, - - - - - ℥j.
Aquæ, - - - - - q. s. ad ℥viij.
M.
Sig. Use as lotion after bathing the anus at night.

Diarrhea Mixture.—The following is recommended by Loomis (*Med. and Surg. Rep.*):

℞ Tinct. opii,
Tinct. rhei, - - - - aa ℥ss.
Tinct. catechu co., - - - ℥j.
Ol. sassafras, - - - ♏xx.
Tinct. lavand. co., - q. s. ad ℥iv.
M.
Dose: A fluidrachm after each movement.

Diphtheria.—Nedzwiecki, of Serdobsk, highly recommends the following:

℞ Aquæ calcis, - - - - ℥vj.
Acidi salicylici, - - - ℥j.
M.
Sig. To shake well before using. A teaspoonful (to a child of 1 year), or a dessertspoonful (to children from 2 to 10), or a tablespoonful (to children above 10, and adults), every hour day and night; later on, as the improvement advances, every two and then three hours; after a complete disappearance of pseudo-membrane, three times daily, to continue for several days.

An Old-Fashioned chest protector—a padlock.

Teacher.—"What are parasites?" Boy.—"People who live in Paris."

The Doctor Was Asked.—Why should you avoid prescribing castor oil for wealthy patients? He gave it up. Because it is only used for working people was the explanation.

Minister (to druggist).—I am ill every day of my life. Please put me up six ounces of quinine, eight ounces of iron, ten ounces of pepsin, five boxes of liver pills—

Pretty Poll from window.—Good Lord, deliver us.

Saunder.—"Well, how did you like camping out in Florida?"

Dingley.—"Not very well, I experienced quite a hard campaign."

Saunder.—"Ah, you probably indulged in too much green fruit."

Doctor.—"Yes, you have a tremendous fever. Burning thirst, I suppose?"

Patient.—"Yes, terrific."

Doctor.—"Ah, I'll send you round something to relieve that."

Patient.—"Never mind about the thirst, Doctor, you look after the fever; I'll attend to the thirst myself."

Wife.—What are you so busy at?

Young Physician.—I am writing a letter to the newspapers, abusing Dr. Blank, the great scientist.

"But Dr. Blank has never done you any harm, and you agree with his theories."

"True; but it is against the rule for physicians to advertise, and I must get myself before the public somehow."

Counter Prescribing.—Scene.—Moroney's pharmacy. Moroney, a "hard up" chemist, discovered, wondering when he'll see a customer.

Enter Mr. Shears, the tailor.

Mr. S.—"I have called again about that little accou—"

Chemist.—"Dear me, how ill you look this morning, Mr. Shears. Show me your tongue—(after a pause)—your stomach and liver are in a bad way, my friend. I will make you up a bottle of medicine which you must take regularly, and stay in the house for a few weeks."

Patient (at Christian Scientist's office).—"Is the healer in?"

Attendant.—"Yes, sir; but she is sick to-day and can't do any business."

"My Pa," said one small boy, "is a preacher, and is sure to go go to heaven." "Huh!" said the other small boy, "that ain't nothin'. My pa is a doctor, and can kill your old pa."

Rough on the Doctors.—Smith.—"I read so many cases of people being buried alive. Is there no remedy for it?"

Jones.—"The only remedy I know is for the Legislature to pass a law compelling doctors to finish their work properly."

What He Wanted.—Customer.—Give me a por-our plaster.

Clerk.—Here it is.

Customer.—No, sir, you don't come that on me. I want one that isn't full of holes. I never buy damaged goods, even at a reduction.

In Neither Class.—Professor.—"In estimating the multitudes that have inhabited the earth we are obliged to consider, of course, both the quick and the dead."

Student.—"That classification would leave out the messenger boys altogether, wouldn't it?"

An Apprecible Gain.—Doctor.—"Even if your wife, my dear sir, does not seem quite cured of the malady for which I recommended the baths, you must remember that she has gained ten pounds. You will know how to value that."

"Exactly; precisely; every pound cost me $100.

Overtaxing his Brain.—Old Mrs. Bently.—"Did you hear, Josiah, that the young student who has been boardin' at the Hendrickses is very sick?"

Old Mr. Bently.—"Yes, I heerd so; what's the trouble with him?"

Old Mrs. Bently.—"Studyin' too hard, I s'pose. The doctor says he's got information of the brain."

Maternal Impressions.—Anent the recent birth of a Chinese baby of a white mother in Philadelphia, as a result of maternal impressions induced by a Sunday school class of Chinese, which the lady was teaching, a good joke is related:

The wife of a physician in this city read the account of the Chinese impression to her husband and asked him his opinion of it. "Humph!" he growled, "possible." "And," his wife resumed, "I read a short time ago, of a lady who had been chased by a negro and was afterward delivered of a negro child. Do you think h a thing could happen?" "Yes," replied our cynical doc r, "if the nigger caught her."

The Order for locomotives which the Cleveland Cincinnati Chicago & St. Louis road has just placed was divided among the Richmond Locomotive Works, who will supply 30, the Brooks Locomotive Works and the Schenectady Locomotive Works, each of which will supply 10.

Association of Railway Surgeons.—There were between 1,200 present altogether, including the ladies, at Old Point Comfort (*Railway Age*). The 1,000 badges procured by the committee of arrangements were in great demand and long before the close of the meeting were all exhausted. Five hundred and fifty-three surgeons registered and paid their annual dues for 1892-93 and many others applied for registration after the office was closed. Over 600 railway surgeons were in attendance altogether which is fully 50 per cent of the entire membership, an unusually large percentage of attendance.

Land Forfeiture.—According to the *Railway Age*, by direction of Secretary Noble that portion of the grant to the Southern Pacific Railroad company, lying between Tres Pinos and Alcalde, Cal., will soon be restored to the public domain. By act of Sept. 29, 1890, these lands were declared forfeited to the United States, and an order was issued June 2 to the register and receiver at the San Francisco land office directing that public notice be given of this fact. The lands, which aggregate approximately 768,000 acres, will be opened to settlement at an early date.

Examination of Railway Employes.—Dr. C. B. Stemen says (Ft. Wayne *Jour. Med. Sci.*) that there should be a medical examination made of every person desiring to enter the service of the railway company; most of the suits brough into our courts for damages for personal injury are greatly the result of disease and not of injury. The so called "Spinal Disease Concussion" is frequently the result of some constitutional disease (Syphilis) and not of injury, which could have been detected had a careful examination been made before he entered the service. This we believe is an important matter, and the railway officials will no doubt adopt this when properly brought to their notice. We have much of importance to do, and it will only be brought about through these railway surgical associations. Let us then continue to labor earnestly in that direction. Much has been accomplished and there is much more to be done.

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